\$ 1		03596	DIVISION OF VIT		W. PRESTON STREET, BA		AND 21201	0359	0
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न वहाँ		MALE	NEGR	0	MAY 13, 19	13	AGE (In years st birthday) 55 YRS.	MONTHS OAYS	HOURS MIN.
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phy:		es no or unknown) (If yes give w	[] 2	13 16 5056	CLINICAL REC	ORDS, VA H	OSPITAL,	FT HOW	
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offendi offendi permit.		IMMEDIA	TE CAUSE (a)CO	NGESTIVE C	RDIAC FAILURE				120
off offi		421.0	DUE TO, OR AS A	ONSEQUENCE OF				11.360	
at the the nsit p		Conditions, if any, which gave nise to immediate cause (a),	(b)						
quires that t physicion. signed by the burial-tronsit		stating the underlying cause	DUE TO, OR AS A	ONSEQUENCE OF					
ires ysic ned rial- rial,		last.	(c)	TO DEATH OUT HOT DE	ATTO TO THE TERMINAL DISTANCE OF	an contest out out the	DARY 1/ )	<u> </u>	
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for for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mo	nth Doy Yeor	ZIC NOW MISONI OCCURRED (E	mor natore of injury in	1011 1 01 1011 2, 1	10.1	
ATTENDING PHYSICIAN: etained by the hospitol or CTOR: After this certificate should be detached for urith the Stote Dept. of Heal	MEDICAL	(If either, natify medical examin 21d. INJURY OCCURRED 21e.	er) P.M. PLACE OF INJURY (AT H	ME, FARM, STREET, FACTORY, \	21f. LOCATION Street or R.F.D.	Na. City or To	own	County	Stote
PH) e his his etacl Dep		While Nat while at work of wark	OFFIC	E BUILDING, ETC.	ZIII EGGNION GIRGO GI MILIO.			,	
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Aft d b d b d b d b d b d b d b d b d b d		22a. I certify that 🔉 (thi saw the deceased al causes stated abave	ive an3/8,	6919	_, and that in (2004) (aur)	apinian death accu	rred an the da	te and haur o	and from the
A ATTENI retained retCOR: A 3 should with the			, (X) (we) (did) (xxxx)	view the bady	atter death.				
OR ATTEN be retained DIRECTOR: ge 3 should led with the		maelhar.	O Back	anfourke	ATTENDING T	MED. STA	AFF	DATE SIGNED 8 69	
L OR ry be ry DIRE ry DIRE			V D BARHA	NPUKAR, M.I		DIRECTOR L PH	YS. (A) 3	0 09	
moy be RAL DIR RAL DIR C, page 3 be filed		NAME (Type)	v D. Danuir.	d Olbiti, 11.1		TAL. FORT	HOWARD	MARYTAN	m
TO HOSPITAL OR ATTENI Poge 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b. C	ATF	23c. NAME OF CEMETI		23d. LOCATION (C		(County)	(State)
die die die	250.		13-69		ORE NATIONAL	BALTIMOF		(00111))	MD.
F F (3)	24.	FUNERAL DIRECTOR		ADDRESS			2Sb. REGISTRAR'S		
VR A15(4) 30M REV. 1/68	I	ORTON &DYETT F	UNERAL HOM	E 1701 LAUI	RENS ST. DAMA	R 1 0 1969	John	les young	V.

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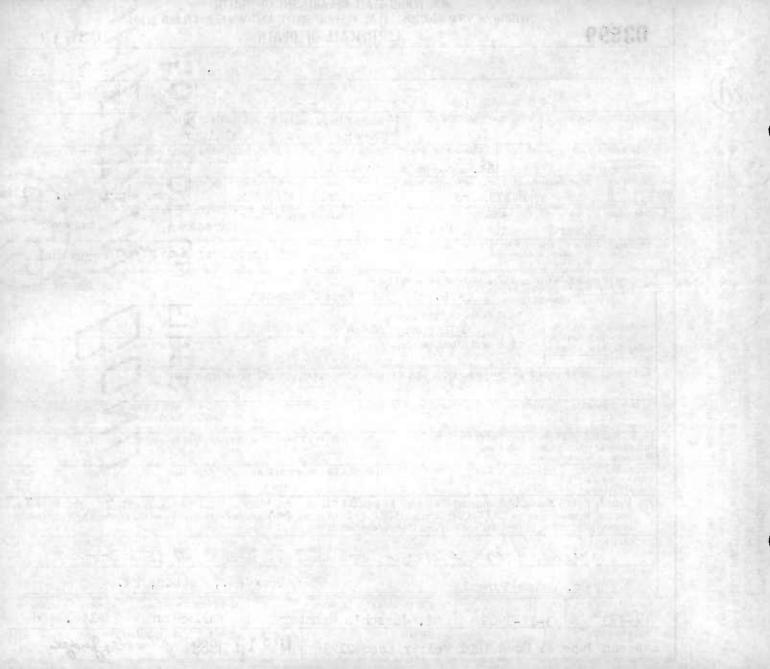
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03597 03591 CERTIFICATE OF DEATH DECEASED-NAME First 2b. HOUA funerol ond 2 or deoth. Lost 2a. DATE OF DEATH (Type or print) Manth **JAMES** BERTEN PARKER 1969 1:15 % March please remove carbon popers, Pages I 3. SEX 4. RACE requires that the death certificate be executed within 24 hours ofter S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. last birthdoy) MONTHS OAYS HOURS Male 1/23/92 White YRS 7a. BIRTHPLACE (Stote ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Massachusetts completely filled in U.S.A. BALTIMORE WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Qive street address Veterans Administration Hospital during mast af warking life, even if retired.) INDUSTRY FORT HOWARD 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MARYLAND LBb. COUNTY BALTIMORE YES NO 206 W. MONUMENT STREET 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost Middle Puo Lost (an 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address physie Yes Rosor unknawn) (If yes give wat or dotes of service) burial, cremation, or removal, 215 05 6676 CLINICAL RCDS, VA HOSPITAL, FORT HOWARD MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY:
BRONCHO PNE UMONIA BETWEEN GINSET AND GEATH permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OBSTRUCTIVE EMPHYSEMA Canditions, if ony, which gave ) burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) d far use as the of Heolth prior ta CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES certificote be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. be detoched director, page 3 should be detoche should be filed with the Stote Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21e. PLACE OF INJURY City or Town Caunty Stote TO FUNERAL DIRECTOR: After this While Not while at work of work ATTENDING 220. I certify that (\*) (this hospital) attended the deceased from Mar. 19, 19, 69, ta Mar 20, 19, 69, that (\*) (we) last saw the deceased alive an Mar. 20, 19, 69, and that in (\*Xy) (aur) opinion death occurred on the date and hour and from the 3 should causes stated above, (4) (we) (did) (did) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 3/20/69 DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S J. D. TALBERT, M.D. 22e. ADDRESS NAME (Type) VAH F RT HOWARD MD. 23d. LOCATION (City or Town) (County).

Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY
Baltimore National 23o. BURIAL, CREMATION, 23b. DATE (Stote) BUNDVAH Shecify) Balto, Md. DATHAR 26 1969 24. FUNERAL DIRECTOR 25b. REGISIRAR'S SIGNATURE Laurence Balto, Md. ZANNINO FINERAL HOME

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			STATE DEPARTMENT OF		
	03598	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI ERTIFICATE OF DEATH		03592
) DECC	100000	T CA			
	EASED-NAME Fi	rst Middle	Lost	2o. DATE OF DEATH  Month Day	Year 2 2b. HOUR
3. SEX		14. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	remale	white.	Februan	last highway	MONTHS DAYS HOURS MIN
7o. BIR	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
count	Vew York	United States	WILDOWIED CO. 'DIMORCED CO.	Baltimore (	ounty Md.
10. CITY	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospitol 120. US	UAL OCCUPATION (Kind of work done most of working life, even if retired) USCUMENTS 12e STEPET AND NIMBER	12b. KIND OF BUSINESS OR INDUSTRY
13o. US odmissi	SUAL RESIDENCE (Where decision) STATE Mary (19)	eosed lived, if institution: Residence before 13b. COUNTY Baltimore	Total City Ok 10 titl	NO POL	00
310	THER'S NAME First	Middle Cost	IS. MOTHER'S MAIDEN NAME	2 3100 Nov	lost lost
-	Mat	Plete	Send S	a modie	Shillie
16o. W Yes	VAS DECEASED EVER IN U.S.	ve wor or dates of service)	0. 17. INFORMANT	Penn San	na
ri si lo	1533 Conditions, if ony, which go ise to immediate couse (o toting the underlying cou ost.	b),( (b) - CCSC	aris.	RCONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH
CERTIFICATION	9o. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?  YES \ NO \( \)	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
Z [	To. ACCIDENT WAS UNDERI ☐ OR CONTRIBUTING ☐ CAUSE OF If either, notify medical ex-	DEATH HOUR A.M. Month Doy Year P.M.		ter noture of injury in Port 1 or Port 2,	Item 18.)
Į į		THE PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Street or R.F.D. I	No. City or Town	County State
		(this haspital) attended the decease alive onl ave, (I) (we),(did) (did nat) view the	d from, 19. 992, and that in (my) (aur) a ady after death.	, ta, 19 pinian death accurred an the do	, that (I) (we) last te and haur and from the
2	22b. SIGNATURE	reft Cej bon M	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.   22c.	DATE SIGNED 69
2	2d. PHYSICIAN'S NAME (Type)	FAEL L. AY	BAR 220. ADDRESS		
23o. B	BURIAL, CREMATION, 2:	16. DATE 23c. NAME OF 13/14/1964 MOS	EMETERY OR CREMATORY	23d_LOCATION (City or Town)	(County) (State)
24. FL	JNERAL DIRECTOR	address quis 2 Soy (NC 941)		RY.REGISTRAP 969 25b. REGISTRAR'S	SIGNATURE

	03599		301 W. PRESTON STREET, BALTICERTIFICATE OF DEATH	MORE, MARYLAND 21201	0359	3
1.	DECEASED-NAME Fin (Type or print) JAME		Lost PETERS	2a. DATE OF DEATH March Month 9 Day		2b. HOUR 2:15 M
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
E	Male	White	9-9-1894	lost birthday) YRS.	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NUMBER WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore		Md.
	CITY OR TOWN OF DEATH  Towson	11. NAME OF HOSPITAL OR IN: give street address) St. Joseph's	Hospital 12a. USUA during me	L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUINDUSTRY	
gd M	aryland	osed lived, if institution: Residence before	Perry Hall YES NO	13e. STREET AND NUMBER Silver Spi	ring Rd.	2112
L	FATHER'S NAME First Edward		IS. MOTHER'S MAIDEN NAME F	Theresa Middle	Dohmey	lost
16	o. WAS DECEASED EVER IN U.S. A Yes, na popunknawn) (II yes an	RMED FORCES? The war or dates of service)  16b. SOCIAL SECURITY I	17. INFORMANT Eugene Peters	Silver Springes Rd	Perry I	Hall
22		(b) Fullhorial		ONDITION GIVEN IN PART 1(0)		
CEPTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES NO X	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF D	FATH HOUR A.M. Month Doy Yeor niner) P.M.		nature of injury in Part 1 ar Part 2, It	tem 18.)	143
AAE	While Not while at wark	e. PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City ar Town	Caunty	State
	22a. I certify that (I) (	(Next) attended the decease	od from March 9 1969 and that in (my) (out) apid	9_, ta <u>Narch</u> 9_, 19_ nian death accurred an the dat	69 , that ( te and havr ar	l) (we) last nd fram the
	causes stored aba	ve, (I) (we) (did nat) view the	oady after death.			
	22b. SIGNATURE	ve, (I) (we) (did nat) view the	DEGREE ATTENDING M	ED. STAFF 22c. D	3-9-69	
	22b. SIGNATURE  22d. PHYSICIAN'S	ve, (I) (we) (did nat) view the	DEGREE ATTENDING MDI	Rd., Towson, Md.	3-9-69	



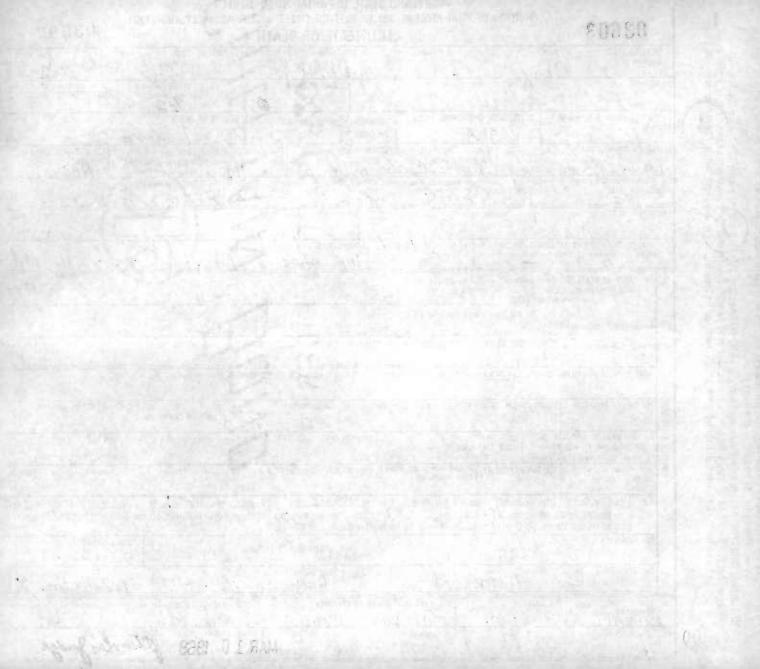
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03594 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-Anthony Poge 1807:40A Petrecca 50 delay and 3 IF UNDER 1 YEAR 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 2c DATE PRONOLINCED DEAD 2d. HOUR 2, and PM3. P Doy Male Cau June 29, 1923 19 60 7:55A 1,5 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Item 18. Give Pages 1, Office along with form Balto., Md. Baltimore WIDOWED [ DIVORCED [ U.S.A. land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Bethlehem Steel Dispensary Sparrows Point, MD. during most of warking life, even if retired.) Steel Steel 13o. USUAL RESIDENCE (Where deceosed live), if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MD 13b COUNTY Baltimore YES NO 3301 Fleet St. after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Vincent Petrecoa Antoinette Ficca certificate should be executed within 24 pencil in 1 hours poges 16b. SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 215-16-9885 | Bleanor M. Petrecca 3301 Fleet St.24 event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH A-S-C#V Disease IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ 4 should be forworded to PART 2. OTHER SIGNIMICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21enPLACE OF INJURY (At home, farm, street, City or Town County State factory, office building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry x and in my apinian Natural causes . Accident . Suicide . Hamicide . Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 25. 1969 EXAMINER'S Melvin B. Davis M.D. DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Heolth NAME (Type) 6800 Mornington Rd. Baltimore Md. 21 DBPSSS(Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Sacred Heart Cemetery 7401 German Hill Rd., Ba. Co 3-28-69. Compling St. 21224, Id. 25b. REGISTRAR'S SIGNATURE 1969 ochemin .

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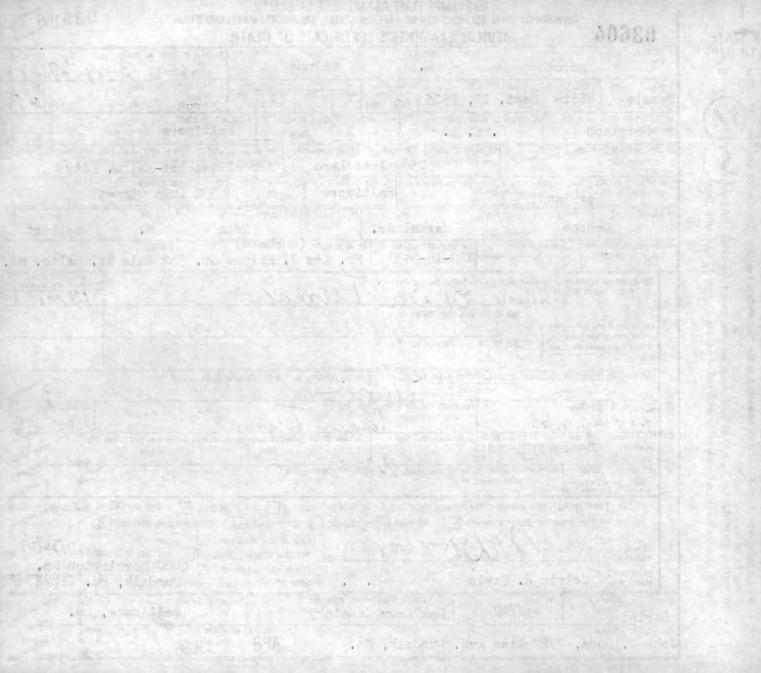
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03603 03597 CERTIFICATE OF DEATH 1. DECEASED-NAME ges 1 and 2 ofter death. First Middle Lost 20. DATE OF DEATH executed within 24 haurs after death the funeral 2b. HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTS 6. AGE (In veors IF UNDER TYEAR and rampletely filled in by the lost birthdoy) DAYS MONTHS ! HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH remove carban papers. DIVORCED 10\_CHEY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hespital 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR dad in any event, with give Treet address) during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER COUNTY YES 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Lost requires that the death certificate be signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war ar dates of service) directar, page 3 should be detached far use as the burial-transit permit. Then be should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ou Mush rise to immediate couse (a). **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES [ TO FUNERAL DIRECTOR: After this certificate directar, page 3 should be detached far us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while ot work 220. I certify that (I) (this hospital) attended the deceased from March sow the deceased olive on March 4, 1969, and that in (1) 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_ couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (County) FUNERAL DIRECTOR 2Sb.



03598 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03604 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2g DATE KNOWN Day (Type or Print) OF ESTI-DEATH MATED Dorothy E. Phipps Poge at delay and 3 t 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD and PM3 HOURS Sept. 22, 1925 Female White MARRIED PANEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH form country aryland Give Pages 1, U. S. A. Baltimore WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR ofter deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital the Chief Medical Examiner's Office alang with give street address) 7589 Ives Lane Dundalk during most of working life, even if retired) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER pages 1 and 2 with odmission) STATEMaryland Baltimore 332 Imla Street 13b/COUNTY YES PA NO within 24 haurs in Item 1 ofter 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle George Markel Sr. Edna M. Seibert hours (Husband) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS in pencil (Yes, na, or unknown) 220-18-3431 Mr. Lee J. Phipps Sr. 332 Imla St. Balto. Md. APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line (ps. (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise ta immediate cause (a). **EXAMINER:** This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = shauld be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED City or Town County Stote factory, office building, etc.) 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inquiry X, Inspection X and in my apinian death resulted fram: Natural causes 🖾 Accident Suicide Hamicide Undetermined manner 3/31,/69 CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 6800 Mornington Rd. **EXAMINER'S** 5 moy ro FUNE Heolth Melvin B. Davis ADDRESS(Street, city, town, or county)Dundalk, Md. 21222 D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, DATE 4/2/69 23d. LOCATION (City or Town) (Stote) Burial (Specify) Baltimore, Md. Oak Lawn Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk. Md. 1969 VR A15ME (5) Villeanlas Verder 10M REV. 1/68



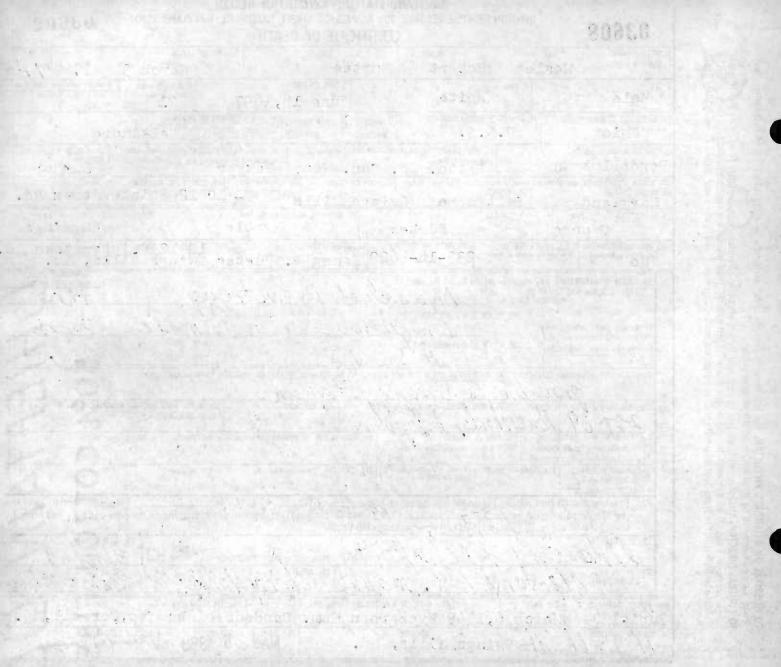
1 .	MAKYLAND STATE DEPARTMENT OF HEALTH	
5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03599
FOR STATE	03605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost , 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
of of of	(Type or Print) MURTLE MARTIN FILSON DEATH MATED DAY	L/21869 65N
delay and 3 A3. Pag	3. SEX 4. RAGE S. DATE OF BIRTH 6. AGE (In words IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HQUR
y delay is pand 3 to PM3. Page	FEMALE WAS TE FEB. 18. 1918 51 YRS. HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS	2 Year 1969 6 PM
-57	70. BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
~ F 6	Country PATRICK Co. VA. U.S.A. WIDOWED DIVORCED DIVORCED BALTO, CO.	Mo
after death  8. Give Pages 1, alang with form with the State De	10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
after death 8. Give Pag alang with with the Sta	Towson give street oddress) 705 ONER DROCK RG during, most of working life, even if refired.)	INDUSTRY
after de 8. Give F alang w with the leath	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CHY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s afte 18. Gil alan 2 with death	odmission) STATE Md. 13b. COUNTY BALTO TOURSON YES NO BY 7050 VER PR	ook Rd.
24 hours in Item 18 Office is 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	GEORGE MARTIN EDWA HANCOCK	
E 9	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no, or unknown) (If yes give war or dates of service) 224-22-5793 HR, LEVI A. PILSON SA	IME
d wit in pe Exar File in 72	18. CAUSE OF DEATH (Enter only one couse per line for (5), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND/DEATH
shauld be executed s ward "pending" in the Chief Medical E. urial-transit permit. F in any event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orondyy Occluseon	Si I dd an
e execuipending sf Medic	4109 DUE TO, OR AS A CONSEQUENCE OF	303271
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shauld be e ne ward "per ta the Chief burial-transit	last.	
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is certificate te, writing th farwarded to e used as a b removal, and	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2. In	YES NO
INER: This he certificate, shauld be fa files. 3 should be to a sh		em 18.)
INER: ne certifi shauld files. 3 should natian, c	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M.  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street).  21f. LOCATION Street or R.F.D. No.  City or Town	
		County Stote
XAM tre the the yaur yaur Page crem	WHILE NOT WHILE of foctory, office building, etc.)	
L EX ecut Pag ar y R: Pe	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	, and in my apiniar
ICAL E) executar. Paged far y CTOR: P	death resulted from: Natural causes , Accident Suicide , Hamicide Undetermined manner	
please direct direct DIREC	CHIEF MEDICAL EXAMINER	
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UTY, Jury, Jury, be be pr	DEDITY MEDICAL EVANIED TO	2169
o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health priar to burial, crem	REXAMINER'S  NAME (Type)  ADDRESS (Street, city, town, or county)	1
necessa the fun 5 may 70 FUNE Health	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CAUSES 23d. LOCATION (City or Town)	(County) (Stote)
- ()	DEMOVA (Cossibu)	LTo. Ca. Md.
D.H.	24. EUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME (\$) 10M REV. 1/48	J. Salter Conklin 5444 BELAIR Rd DAMAR 17 1969 GCLIANI	in Junga.

30850 Alex wond The state of the s

1.5	03607 ECEASED-NAME First	Middle	CERTIFICATE OF DEATI		03601
L	Type or print) Char	les Garlen	Preston	20. DATE OF DEATH  March  March	1969 3:45
3. 5	Male	4. RACE White	S. DATE OF BIRTH <b>8*7-16</b>	6. AGE (In years last to hay)	MONTHS DAYS HOURS MIN.
10.	BIRTHPLACE (State or foreign ntry)  Baltimore  CITY OR TOWN OF DEATH  altimore	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL OR IN give street oddress of the control of the cont	8. MARRIED NEVER MARRIED DIVORCED DIVORCED 120. Ulduring	9. COUNTY OF DEATH  Baltimore  SUAL OCCUPATION (Kind of work done  Broterwicking ice the guired.)	M 12b. KIND OF BUSINESS OR INDUSTRY
I3o. adm	USUAL RESIDENCE (Where deceose issian) STATE <b>Timomium</b>	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CI	13e. STREET AND NUMBER 113 Marytay	Road 21093
14.	FATHER'S NAME First  Rubie	Middle Last A. Pres	IS. MOTHER'S MAIDEN NAM	E First Middle Rose	Staab
160	. WAS DECEASED EVER IN U.S. ARM (es, na, or unknawn) (If yes give wo	ED FORCES? It or dates of service) 16b. SOCIAL SECURITY 217-09-73	NO. 17. INFORMANT	Address ame	
22	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	DRCONDITION GIVEN IN PART 1(0)	
CERTIFICÁTIO		ONDITION FOR WHICH OPERATION WAS PE ************************************	otomy YES NO	20b. IF YES, WERE FINDINGS CO	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		nter nature of injury in Port 1 ar Port 2, 1  Na. City ar Town	County State
	22a. <b>I certify</b> that (!) (this saw the deceased ali causes stated abave,	s haspital) attended the deceasive an 3–26 (I) (we) (did) (did nat) view the	ed from <b>2-12-</b> , 19 9 <b>.69</b> , and that in (my) (aur) o bady after death.	2 <mark>69</mark> , ta 3–26 , 19 apinian death accurred on the da	
3	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  Luis	Renjel, M.D.	DEGREE ATTENDING PHYS.  22e. ADDRESS 7620 You	MED. STAFF PHYS. K  rk Road, Towson, Me	3-26-69 3. 21204
23a.	BURIAL, CREMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  Baltimore	(County) (State) Maryland

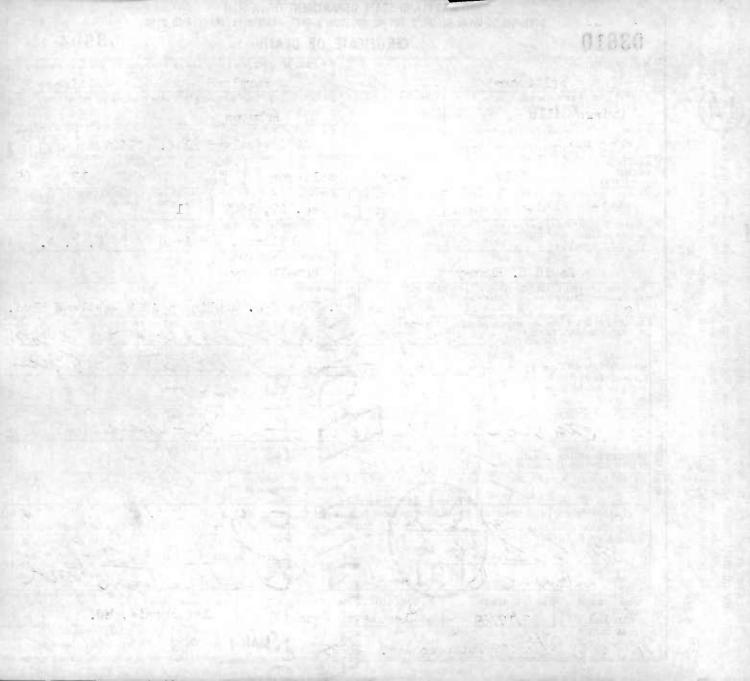
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Mr. Cook-Spooks Youson, Inc. Township. 1.



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agent of the State		a autore			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03610 03604 CERTIFICATE OF DEATH death. executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
OWINGS FILLS C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled in 4802 Westland Blvd. 9910 Reisterstown Road YES NO Z × × 3. NAME OF Middle First 4. OATE Manth Day Year DECEASED Nelva Mary Rawlinson March 13 69 event, (Type or print) **OEATH** 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. birthday) Davs Hours White Female Dec. 27, 1907 and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af work dane during mast af warking life, eyen if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certifiqate he INDUSTRY please physician Bal timore, Maryland A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. en David S. Ramsey Estella May 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO Mr. Edward S. Rawlinson 4802 Westland Blvd. crematian, 18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), gold (c).) burial-transit PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (o) p DUE TO signed 1 burial, Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse by the haspital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(6) WAS AUTOPSY PERFORMED? USe INJURY OCCURRED\_(Enter noture of injury in Part I 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) (City or town) factory, street affice blda\_etc.) Not While at wark 21 certify that (1) (this hospital) attended the deceased from 17 O HOSPITAL OR ATTEND Page 4 may be retained FUNERAL DIRECTOR: saw the deceased alive an and that death occurred at A.M. from causes an the date stoted above 220 SIGNATUR STAFF OIRECTOR M.O. PHYS 22c. PHYSICIAN'S directar, po shauld be f 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. DATE THEREOF (County) (State) REMOVAL (Specify) Glen Burnie, Md. Haven Mamorial 7/69 0 ADORESS 24.\_FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Miller yourse Patapsco Ave. 21 225



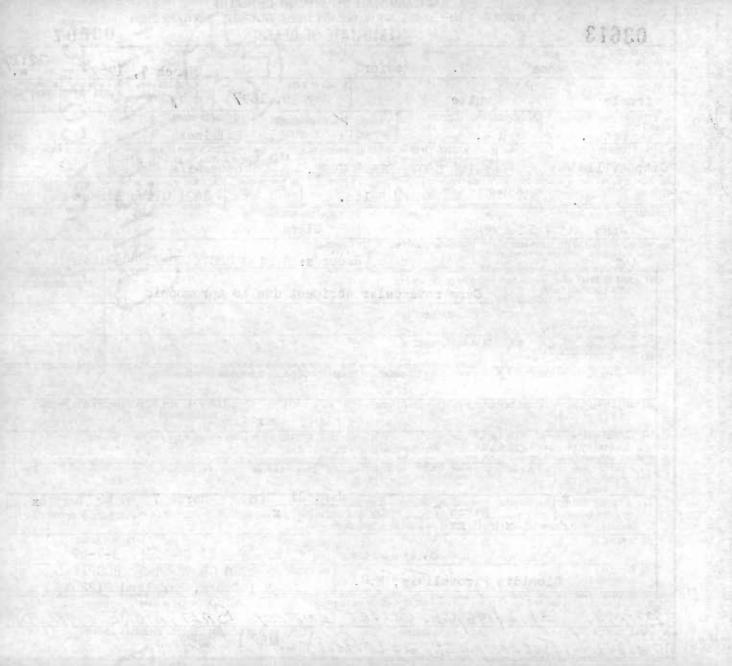
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DECEASED-NAME     (Type ar print)	Phe be	Middle Ann	Par	2a. DATE OF DEATH March Manth	12 1969 2b. HOUR
3. SEX Je ma	1e 4. RACE	hite	S. DATE OF BIRTH February	25, 1883 6. AGE (In y last birthdo	YOU'S HOUDER I YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
	nore	a.S. WID	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimo	
10. CITY OR TOWN OF DI	rille	11. NAME OF HOSPITAL OR INSTITUTION give street address)  Max Mas o nice	Home during	SUAL OCCUPATION (Kind of wor most of working life, even if r	retired.) INDUSTRY
admissian) STATE	nd, 13%. co	UNTY B Ba		NO 14618 NO	eswick Rd.
14. FATHER'S NAME	R IN U.S. ARMED FORCES		15. MOTHER'S MAIDEN NAME	ydian	Middle Baileil ddress
Yes, no, or unknown)	(If yes give war or dates of se	rvice) 212-07-962	Records of	md. masonie,	Home Cockegorille
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (c		- Писашина		BETWEEN ONST AND DEATH  Af days,
Conditions, if any,	which gove)	O, OR AS A CONSEQUENCE OF  b)	ral Hemore	hage	7 days
stating the under lost.	ifing couse	(c) A Meric - 5 Cleve NTRIBUTING TO DEATH BUT NOT REL		CR (	5 415.
		FOR WHICH OPERATION WAS PERFORM			INDINGS CONSIDERED IN CERTIFYING
19a. DATE OF OPERA			YES NO	CAUSES OF DEATH?	
☐ OR CONTRIBUTING [ (If either, notify m 21d. INJURY OCCUP	adical examiner)	R A.M. Manth Day Yeor P.M. 19			County State
While Not whi	le 🗆		21f. LOCATION Street or R.F.D. I		
saw the d	leceased alive on A ated abave, (I) (we)	did) (did nat) view the body	_, and that in (my) (our) o after death.	pinion deoth occurred or	n the date and haur ond from the
22b. SIGNATURE	17/1/	Ferra, 60	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	March 12,1969
22d PHYSICIAN'S NAME (Type)	Carl F.	Benson md		K Rd Patt	6. mol 21212
23a. BURIAL, CREMATION  BEMOVAL (Specify)	3 - 1.4.	- 69 LORRAIN			IN MARY HAVE
24. FUNERAL DIRECTOR  WM Cook - F	Bracks Tows o	1050 York Rd.	21204 DATMA	ette.	GISTRAR'S SIGNATURE

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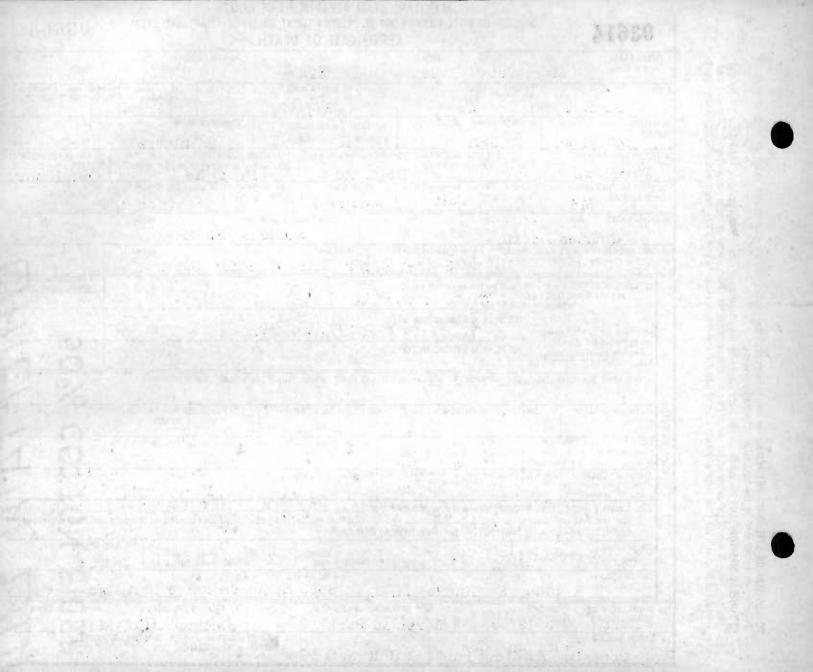
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECFASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR deoth. executed within 24 haurs after deoth the funeral (Type or print) Month Charles Read R. March signed by the attending physicion and completely filled in by the tur burial-transit permit. Then please remove carban popers. Pages I burial, cremotion, or removol, ond in ony event, within 72 haurs after S. DATE OF BIRTH 3. SEX 4. RACE IF UNDER 24 HRS. 6. AGE (In years last birthday) HOURS July 15,1889 M 79 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Balto., Md. WIDOWED [ DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY Towson St. Joseph's Hosp. Retired-Salesman Hardware 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY admission) STATE Md. YES NO Gold Course Road Ocean City Worcester 14. FATHER'S NAME **First** Middle Last 1S. MOTHER'S MAIDEN NAME First Middle certificate be Read Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 213-01-61884 Mrs. Susan G. Read (Same) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY nun IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO K 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 3100 22d. PHYSICIAN'S . Coffay, St. Paul St. NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial (Specify) Loudon Park Baltimore. Md 24. FUNERAL DIRECTOR
H.W. Jenkins Sons York Rd. &

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3. :	sex female	4. RACE white	S. DATE OF May	BIRTH 30, 189 <b>7</b>	6. AGE (In years last birthday) YRS.	MONTHS DAYS HOU	NDER 24 HRS.
	BIRTHPLACE (State or fareign untry) Penna.	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M. WIDOWED DIV	AKKIEDE	UNTY OF DEATH		Md.
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130		sed lived, if institution: Residence before	13c. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 1621 Olive	Region	
		Middle Lost SSER		MAIDEN NAME First	Middle	La	ast
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23	a. BURIAL, (REMATION, PEMOVAL (Specify)	DATE 23c. NAME OF MI. C	CEMETERY OR CREMATORY	23d.	SALTIMON	(County) (St	tate)
24	EUNERAL DIRECTOR	ADDRES				SSIGNATURE	



1		03614		s, 301 W. PRESTON STREET, BA  CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	03608
		CEASED NAME Firs	margaret M	lost Reed	20. DATE OF DEATH Month 3 0	
	3. SI	Female	4. RACE Cau	s. DATE OF BIRTH 5 / 1 / 83		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		Maryland ITY OR TOWN OF DEATH  Woodlawn	give street address) 2113 Sun	Briar Rd	Baltimore SUAL OCCUPATION (Kind of work done most of working life, even if retired.) Houewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
	odm	ssian) STATE Md	ased lived, if institution: Residence before 13b. COUNTY Balt	Same as #10 YES□	NO X Same as #1	1
		ATHER'S NAME First  Charles I	Middle Las D <b>e</b> nkin	Annie	E. Flake	Lost
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2	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam 21d. INJURY OCCURRED 21	ATH HOUR A.M. Manth Day Y.	eor 19	nter noture of injury in Part 1 or Port 2, Ite	
	V	While Not while at wark 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S	e. PLACE OF INJURY (AT HOME, FARM, STREET this hospital) attended the dece alive on ve, (I) (we) (did) (did nat) view t  arry S Gimble	osed from 15 (1) 19 (bur) one bady after death.  DEGREE PHYS. X    22e. ADDRESS	ppinion death occurred on the dote  MED. STAFF 22c. DA  DIRECTOR PHYS. 3/	, that (I) (we) last
	230	BURIAL, CREMATION, 23b	. DATE 23c. NAME	of CEMETERY OR CREMATORY	23d. LOCATION (City or Town)  Baltimore Co.	(County) (State)
	24. W		Md 21228 ADDR oks West Inc 6212	200 200		GNATURE



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inex: This certificate shauld be executed within 2 e certificate, writing the word "pending" in pencil is should be farwarded to the Chief Medical Exominer files.  3 should be used as a burial-transit permit. File pages to the content of the cont		PART 2. OTHER SIGI	NIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PART 1(a	)			
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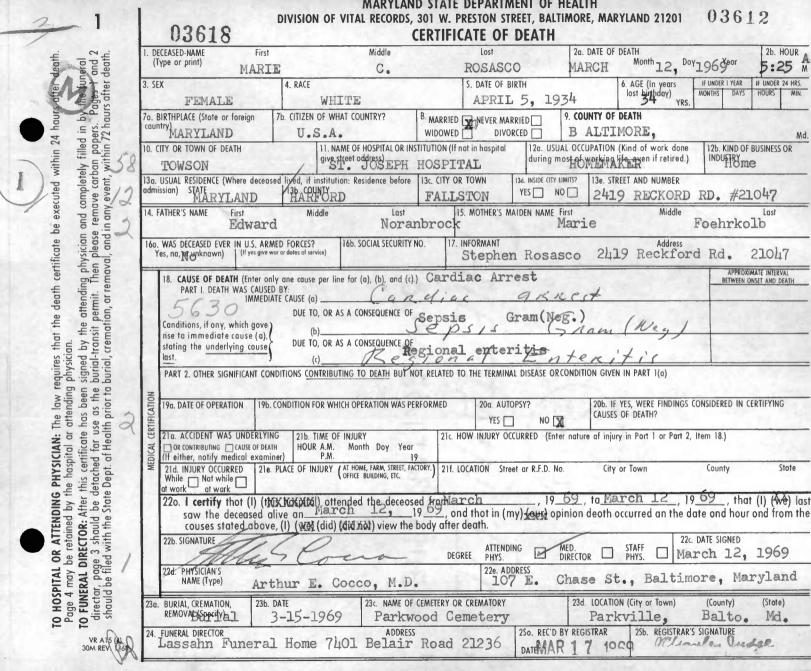
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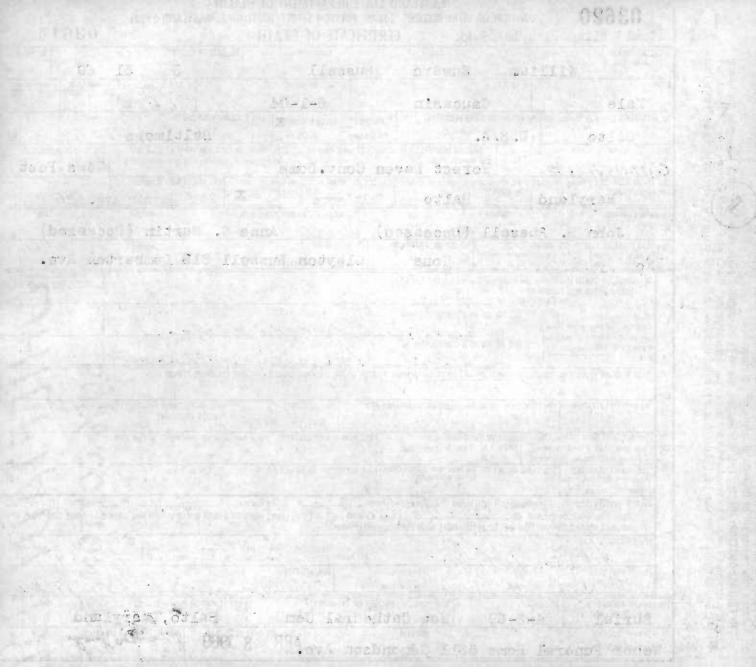
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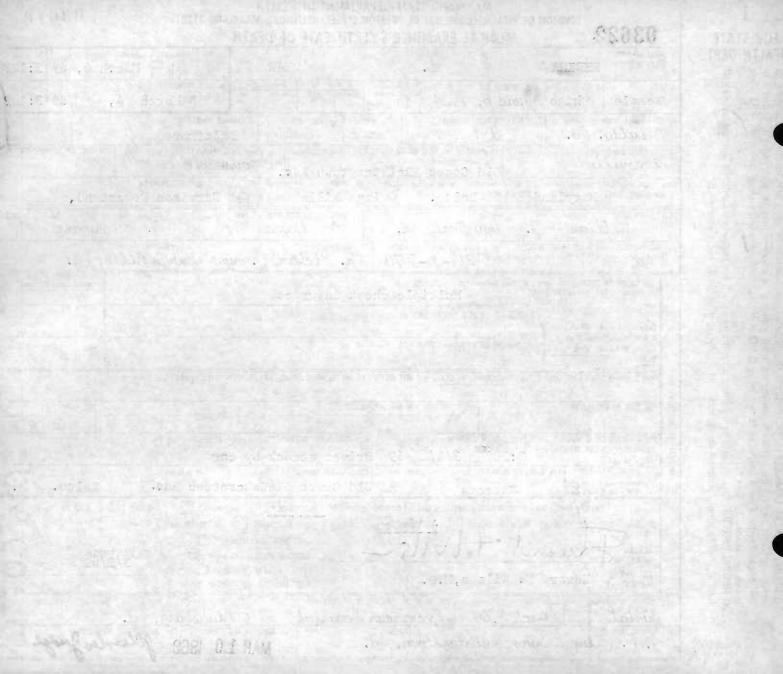


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hat n. y # ansi		rise to immediate cause stating the underlying c	(a), (b)_	OR AS A CONSEQUENCE OF	0184111	e chan	0 - 1/1	COUNTR		V 130
es t sicial ed b al-tr		ast.	(c)	DISENSA		LINEWPAN	Em/	hus som	1-	
AN: The law requires that the death certificate ball or attending physician ricate has been signed by the attending physician far use as the burial-transit permit. Then please Health priar to burial, crematian, ar remaval, and		PART 2. OTHER SIGNIFICAN		RIBUTING TO DEATH BUT N				N KN PART I(a)		
ing ing the l	Z.									
s be as t	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED 2	20a. AUTOPSY?	CALICE	F YES, WERE FINDINGS OF DEATH?	IGS CONSIDERED IN CE	RTIFYING
The part X	RTF					YES NO				
AN: al ai icate far u	AL CE	OR CONTRIBUTING CAUSE		E OF INJURY  .M. Manth Day Year		JURY OCCURRED (Ent	er nature af inju	ıry in Part 1 ar Pa	rt 2, Item 1B.)	
SICI spite ertifi ed 1	ă	If either, natify medical	examiner) P.	.M. 1	9		411			6
OR ATTENDING PHYSICIAI be retained by the haspital SIRECTOR: After this certifica ie 3 shauld be detached fau ed with the State Dept. af He		21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJUI	RY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CIOKT,) 211. LOCATIO	ON Street or R.F.D. N	a. City	or Tawn	Caunty	State
the de	10	ii wark ai wark		attended the deceas	ad from 3	/ 2 / 10	C 6 to	El h.	, 19 <u>69</u> , that	(1) (ma) lac
Afte Afte e Ste		saw the deceas	ed alive an	3/26	19 <u>62,</u> and the	at in (my) (aur) ap	pinian death	accurred an th	e date and haur	and fram the
OR:			ibave, (1) (we) (d	id) (did not) view the	bady after deat	h. ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
R A retre		22b. SIGNATURE	0. /	10	0.0000	ATTENDING PT	MED. DIRECTOR	STAFF	22c. DATE SIGNED	
DIR DIR		22d. PHYSICIAN'S	lu Ho	Alle!	DEGREE	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	7/1/69	7
RAL RAL be f		NAME (Type)	1111	Plan () 60	10	5800 ENS		1 m 110	land .	V un
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in	23.0	BURIAL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREM	.2	A V	ON (City or Town)	(Caunty)	(State)
Pag A		PEMOVAL (Specify)	4-3-69		athedra			, ,	aryland	(21010)
(11)		UNERAL DIRECTOR	1 0 00	ADDRESS			BY REGISTRAP	REGIST	PAR'S SIGNATURE	DX 2
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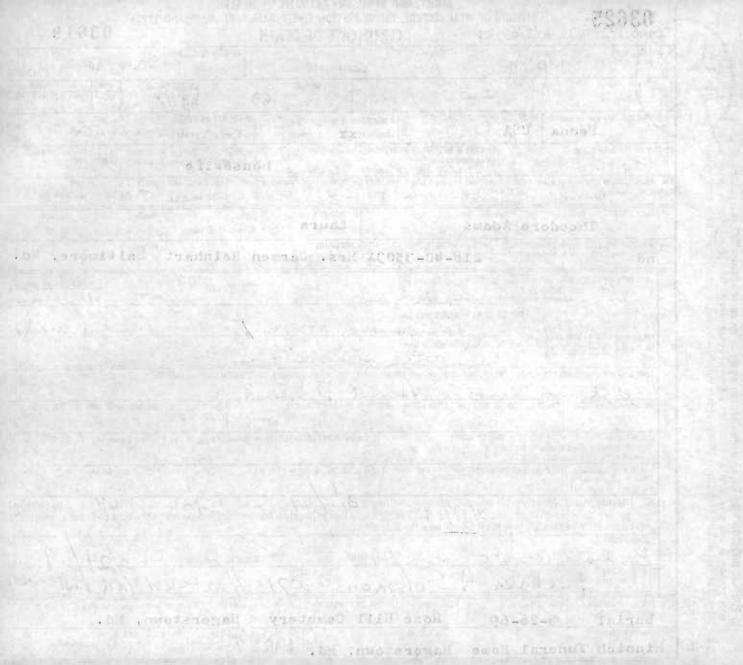
		MARYLAND STATE DEPARTMENT OF HEALTH
10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	7	03623 CERTIFICATE OF DEATH
. 2.	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
after deoth he tyneral ges I ond 2 after death		Type or print) GUSTAV JOHN SANDS MARCH POY 18689 5 MM
	3. S	
haurs after.  by the Kur  s. Pages I  hours after	J. 3	lost birthday) Months Day's Hours Min
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within 24 liled in your within 72		N. Y. U.S. A. WIDOWED DIVORCED BALTIMORE Md.
· 등 플로 시 /	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)
e executed withing one completely fremove corbon nany event, with	V	NUMBER 2550 LIBERTY YRWT
pre ent cor ent	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ission) STATE 13b. COUNTY 13c. TO 13
E e e	Guill	ission) STATE M. L. 136. COUNTY BALTO. DUNDALK YES NO 2530 LIBERTY PKWY.
and on bu	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
be of the property of the prop		MAY SANDS
ertificate be exemply sicion and control on any lease remotoval, and in any		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address AS IN
hysi ral,		(es, no, or unknown) (If yes give war or dates of service) 13-01-0175 LUCILE H. SANDS # 13-
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within stained by the hospital or attending physicion. CTOR: After this certificate has been signed by the ottending physicion and completely fille should be detached for use as the burial-transit permit. Then please remove corban positive the State Dept. of Health prior to burial, cremation, or removal, and in any event, within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth regin of		PART I. DEATH WAS CAUSED BY:
dec tremi		DUE TO, OR AS A CONSEQUENCE OF
the of the outlook		Canditions, if any, which gave a
y th		rise to immediate cause (o).  DUE TO, OR AS A CONSEQUENCE OF
d b ort-		storing the underlying cose
nysi nysi gne gne nriol		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
t: The low requires the or attending physicion te hos been signed by use as the buriol-tro alth prior to buriol, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT REALISE TO THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF THE TERMI
din	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
then then as as by price	I Z	YES NO IN CAUSES OF DEATH?
e h alth	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AN al o for for Hec		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SICI Spit ed ed	MEDICAL	(If either, natify medical examiner) P.M. 19
<b>5 PHYSICIAI</b> the hospital this certifical detached for	>	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
the thi det		While Not while at work OFFICE BUILDING, ETC.
by fter be stoot	Н	22a. I certify that (I) (this hospital) attended the deceased from the first that (I) (this hospital) attended the first that (I) (thi
ed ed he he		saw the deceosed olive on 1967, and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated above, (t) (we) (did) (did not) view the bady after death.
Tie Dod		22c. DATE SIGNED
OR ATTENDIN be retained by JIRECTOR: Affer e 3 should be ed with the Sto		Degree PHYS. DEGREE PHYS. DIRECTOR DIRE
Page Bigger		22d. PHYSICIAN'S 22e. ADDRESS
RAI RAI Pe		NAME (Type) BENIGNO R. LAZARO 59 DUNDALK AVE, DUNDALK, Nolabell
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed by Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove cort should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,	22-	
Age directly shown	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5	34	FUNERAL DIRECTOR / ADDRESS Of ADDRESS OF SECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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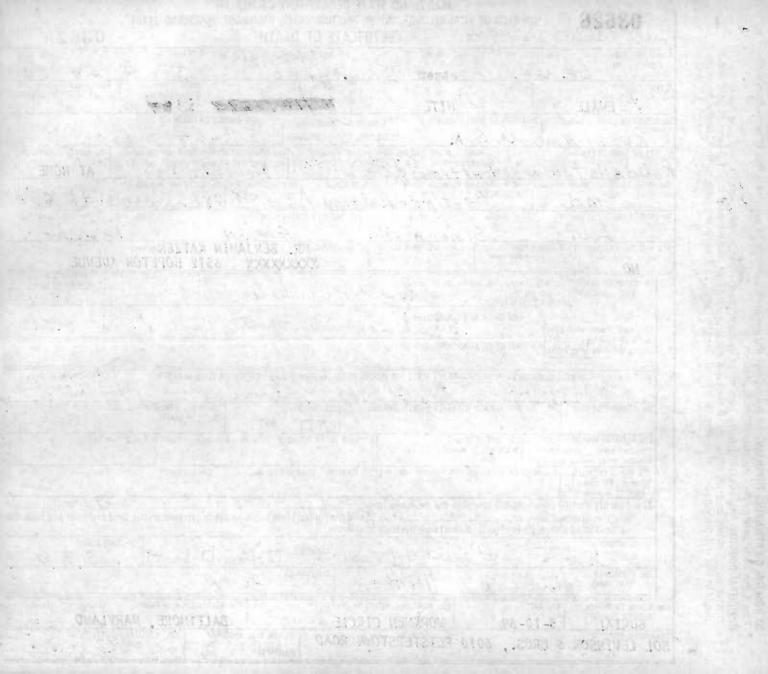
MARYLAND STATE DEPARTMENT OF HEALTH

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2	1	I	03625 DIVISION OF VITAL RECORDS, 301 W. PRESTO CEMBER FILM CHILL 4/2/69 kk CERTIFICATE	ON STREET, BALTIMORE, MARYLAND 21201	03619
	funeral and 2 ar death.		ECEASED-NAME First Middle Lo Type or print) MAUDE A. SCHE	20. DATE OF DEATH  3 Month 23 Day	1969Yeor 8:450 M
	# 2 % E	3. \$	Gemale Winte	TE OF BIRTH  6. AGE (In years last by though)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
0	P P	cau	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEW	DIVORCED BALTIMORE CO	Md.
	within 24 filled ban pape		TOW SON 11. NAME OF HOSPITAL OR INSTITUTION (If not in ho give street address)  CHESPIEARE MONNY TO	during most of working tife even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	executed within campletely fine may event, with	adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before issian) STATE HARYLDON 13b. COUNTY BOLTIMOSS.		PA ROAD.
	ficate be exe		Theodore Adams La	HER'S MAIDEN NAME First Middle	Lost
	physician en please aval, and	160	(es no, or unknown) (If yes give war or dates of service) 218-40-35034 Mrs	AANT 6. Carmen Reinhart Bal	timore, Md.
	aquires that the death or physician. signed by the attending burial-transit permit. The burial, cremation, or rem	NO	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE/OF  (c)  DUE TO, OR AS A CONSEQUENCE/OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	Rt foot.	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH JULIE LULIE LULI
	AN: The law rail or attending cate has been ar use as the Health prior ta	AL CERTIFICATION		O. AUTOPSY?  YES NO CAUSES OF DEATH?  URY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	
	OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by se 3 should be detached for use as the burial-traned with the State Dept. af Health prior ta burial, cre-	MEDICAL	(If either, notify medical examiner) P.M.  21d. INJURY OCCURRED VER PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION OFFICE BUILDING, ETC.  22o. I certify that (I) (this hospital) attended the deceosed fram 3/15 (12.4) 19 and that	t (n (my (our) pninion death occurred on the de	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the Sthauld be filed with the State Dept. af Health prior ta		22b. SIGNATURE  Ballaca a Solomon M DEGREE A		DATE/SIGNED / 9 Le BITTO 21334
	Poge 4	23a.	BURIAL, CREMATION, PEMOVAL (Specify)  3-26-69  BURIAL, CREMATION, PEMOVAL (Specify)  3-26-69  Rose Hill Ce	emetery Hagerstown. M	(County) (State)
	VR A15 (4)		FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	250. REC'D BY REGISTRAR 9 256 REGISTRAR'S	SIGNATURE



- 1	MAKTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Iteml FilmGhlo 3/18/69 kk CERTIFICATE OF DEATH 03620
1.	DECEASED-NAME First Middle Lost (HATELOGID) (2a. DATE OF DEATH Day Year 2b. HOUR.
	LENA, Katzen Schapiro 3 9 69 7
3.	SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors   FUNDER 1 YEAR   IF UNDER 24 HRS   In yeors   In
17	EMALE HITE 83 YRS.
	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUNTRY)
10	O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   12b. KIND OF BUSINESS OR
5/2	and alls town, baltimore County Hosp during, most of working life, even if retired.) INDUSTRY HOME
	13d. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. COUNTY 13d. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13d. INSID
11	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Louis Simonafsky ANNA Perchek
1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)
-	NO XXXXXXXX , 6512 HOPETON AVENUE
Н	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (f).) PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMAT
	IMMEDIATE CAUSE (a)
	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL SCIENT HEADS
4	(b) Hyperlane Williams Clark Hearth Wiser JERRES
	stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	Chamiasonler transfigures Chamas Gran Shalun frantice
1	190. DATE OF OPERATION 1/196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INVIEW. 21c. HOW INVIEW. (Finder pagings of inview in Part 1 or Part 2, them 18.)
1	Contention   Cause of DEATH   HOUR A.M. Manth Day Year   County   P.M.   19   County   Coun
1	
	of work at work
	22a. I certify that (I) (this haspital) attended the deceased fram, 19_67, ta, 19_67, that (I) (we) la
	saw the deceased alive an 3 - 9 19 69, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady ofter death.
	22b. SIGNATURE D
	(Insertin Johans M) DEGREE PHYS.   MED. STAFF PHYS.   3-9-69
	22d. PHYSICIAN'S NAME (Type) MIGF LID TO PAGE. 22e. ADDRESS BC 2A.
-	
2	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
2	BIRTAL 13-10-69 WUKKMEN CIKCLE DALIIMUKE, MAKYLAND
	4 FUNERAL DIRECTOR & BROS., 6010 REISTERSTOWN ROAD 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03621 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Month (Type or print) 3:150 John Scheldt, Jr. Joseph March 1969 IF LINDER 1 YEAR 5. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE last birthday) White Male November 29, 1920 The law requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Baltimore, Md. USA DIVORCED [ Baltimore WIDOWED [ attending physician and dompletely filled sermit. Then please regrave carban pape 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR crematian, ar remaval, and in any event, within during most of working life, even if retired.) INDUSTRY Joseph Hospital Towson 4 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 15b. COU 13e. STREET AND NUMBER 2405 York Road, Timonium, M 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First Anna O'Brien John Joseph Scheldt Address 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Cecilia Scheldt 2405 York Road 21093 219-18-7014 18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Metastatic carcinoma of the brain IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (onditions, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TE YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County City or Town 21d INJURY OCCURRED While Not while 22a. I certify that (Ix (this haspital) attended the deceased from February 8, 1969, to March 22, 1969, that (I) (we) last saw the deceased alive on March 22, 1969, and that in (Ay) (our) opinion death occurred on the date and hour and from the couses stated above, (PF (we) (did) (did Not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE Saudera M.D. DEGREE ATTENDING PHYS. MED. DIRECTOR March 22, 1969 22e. ADDRESS 22d. PHYSICIAN'S Julio Banderas, M.D. 7620 York Road, Towson 4, Md. NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial Cockeysville, Maryland 3-25-1969 Dulaney Valley Memorial 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATEMAR Milisalas Judge Wm. Cook-Brooks Towson 1050 York Road 21204

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	Fall Rome		

		03628			ATE OF D	DEATH			036	
	(	ECEASED-NAME First (Ype or print) DORA	Middle		TTENMEI	ER	DATE OF DEATH Mon	larch 26	5, 1969 69	2b. HOUR 10:23
1	3. SI	female	4. RACE white		S. DATE OF BIRT	гн <b>9–189</b> 7	last bi			HOURS MIN
8	10. (	Trenton, NJ ITY OR TOWN OF DEATH TOWSON	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL OR INS give street oddress)  St. Joseph	WIDOWED [	ot in haspital	ED 120. USUAL OC	CUPATION (Kind of working life, ever	if retired.)	12b. KIND OF B	land
	13o. adm	USUAL RESIDENCE (Where decease ission) STATE Maryland	d lived, if institution: Residence before 13b. COUNTY	13c CITY OR Balt		d. INSIDE CITY LIMITS? YES NO	13e. STREET AND	NUMBER AND	NTANA	AUE.
	16a.	ATHER'S NAME First  Thomas WAS DECEASED EVER IN U.S. ARME es, no or unknawn) (If yes give wo	Middle Lost  A d  ED FORCES? or or dates of service)  16b. SOCIAL SECURITY II  2/5-22-7	IO. 17. IN	Phoe I	BE VE	IST RT. I BOX HARFOR	Middle		Last
		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying couse last.	Congest  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NO							
1	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE		20a. AUTOPS	NO 🗌	20b. IF YES, WER CAUSES OF DEATH	H?		RTIFYING
		21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Day Year P.M. 19				re af injury in Part	1 or Port 2, Ite	m 18.)	
The second secon	W	220. I certify that (4) (this sow the deceased oli	hospitol ottended the deceose ve on March 26 (did) (did) view the	d from Ma	eoth.	, 19 <u>_69</u> ((our) opinion	to March deoth occurred	22c. DA	County  59 , that the and hour of the Signed  -27-69	State  (we) lose  nd from the
		22d. PHYSICIAN'S NAME (Type) Samue	el Lee, M.D.		22e. ADDRE	20 York	Road, Tow	vson, Mo	d. 2120	)4



MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF REALT	П
<b>DIVISION OF STATISTICAL</b>	RESEARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
03630	CERTIFICATE OF DEATH	0362

F 22 F	U3630 CERTIFICATE OF DEATH 0362	4
er death. e funeral 1 and 2 ter death.	1. PLACE OF DEATH a. CDUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before a. STATE Maryland b. COUNTY Baltimore	
hours after d in by the rs. Pages 1 chours after	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  catonsville  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Parkton	arest town)
24 ho	RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Forest Haven Nursing Home  d. STREET ADDRESS Rayville Road  ves	RESIDENCE A FARM?
completery completery ve carbon event, with	(Type or print) John B. Scholl DF DEATH March 30, 1969	Year 19
and any any	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUN   Months   Days   House   White   Widowed   Divorced   Feb. 25, 1888   9. AGE (In years   IFUNDER 1 YEAR   IFU	irs   Min.
be e ician ase i	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR MOUSTRY  Bakery  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF W  BOUNTRY?  Aryland	HAT
certificate nding phys . Then ple removal, a	13. FATHER'S MAIDEN NAME  Cyrus B. Scholl  14. MOTHER'S MAIDEN NAME  Mary Alice Bostick	
L High	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unkown) (If yas give war or dates of service) 212-14-0642 Family records: Parkton. Maryland	
the n. by th insit	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ACUSE OF PART OF	BETWEEN ND DEATH
signe urial-	Conditions, if any, which gave rise to Immediate (b)  DUE TO  Conditions, if any, which gave rise to Immediate (b)  ARGERIA SPIRATION PARAILE VASCULAR	
law requir ttending p has been as the b prior to b	cause (a), stating the DUE TD underlying cause last. (c) DISTATE  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS	AUTDPSY
the se	PER YES _	FORMED?
HYSICIAN: The hospital or his certifical bits tracked for upper. of Heal		(State)
NG PI by th tter t be de state	Hour a.m.  p.m.  While Not While factory, street, office bidg., etc.)  at work at work	
ATTENDII  retained  recTOR: At 3 should  with the S	21. I certify that (I) (this hospital) attended the deceased from 12/15, 1967, to 9/30, 1969, that (I) saw the deceased alive on 3/27, 1969, and that death occurred at 3/M, from the causes and on the date state of the cause of	
o po	22a. SIGNATURE)  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 4  22b. DATE SIGNED  22c. PHYSICIAN'S 122d. ADDRESS	7
O HOSPITAL Page 4 may O FUNERAL director, pa should be fi	NAME (Type) 10 NN 16 SHAW 111 STONE	(State)
To Page 10 St. Agr. Agr. Agr. Agr. Agr. Agr. Agr. Agr	Burial (Specify) April 3, 1969 Welty's Church Cemetery Smithburg, Maryland	
VR AI5 (4)	John Burns Sons, Towson, Maryland  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR  APR 2 1969	-

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John G. Scholl
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les 12-14-0642 Ferily necords: ins. claine hacklen

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	(Y	es, no, or unknow		or or dates of service)	218-28-27		anet Scl	hulmeve		Same		
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d be executed a d'pending' in Chief Medicol Estransit permit. Fi y event within		PART I. DI			Arteriose1		didvasc	Wat/di	sease		SEIWEEN UNSEI	AND DEATH
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l be d "p Chief ransi		Conditions, if or rise to immedi	ny, which gave ote cause (a),	(b)		Acute et	hylism	and it		0.07		
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is certific te, writin forwards to used os removal,	CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION FOR V WAS PERFORMED?		APL AL				20. AUTOPSY	
This icote, be for le to the total le t	ERTIFI	21a. EXTERNAL C	ALICE SMAC	TOTAL TIME OF	Sections		IDV OCCUPATO (F.			D-10 1	YES X	NO 🗌
# 7 9	MEDICAL C		CONTRIBUTING			21C. HOW INJU	JKT OCCORRED (EI	nter nature of ir	njury in Part 1 or	ran 2, Item	10.)	
CAL EXAMINER: execute the certi or. Page 4 should de for your files. CTOR: Page 3 shou	ME	21d. INJURY OCC	URRED 21e. Pl	ACE OF INJURY (a ory, office buildin	At home, farm, street, g, etc.)	21f. LOCATION	Street or R.F.D. No	1.	City ar Tawn	100	Caunty	State
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TO The The To I	230	BURIAL, CREMAT			23c. NAME OF	CEMETERY OR CREMATO	ORY	23d. LOCA	TION (City or Tow	/n) (Co	aunty) (S	itate)
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S∉		ECEASED-NAME First Type or print)	Service III	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
98		ABR	AHAM	L S	SCHWARTZ			oy 69 Yeor	2:30 N
	3. S		4. RACE	C T7 37	S. DATE OF	BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7.	MA LE BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO		0	- 0.00	75 YR	5.	
	cou	LITHUANIA		UNIKY?	8. MARRIED X NEVER MA	ARRIED 7. CO	UNITY OF DEATH  BALTIMORE		
	10.	CITY OR TOWN OF DEATH	U.S.A.	HOSPITAL OR INS			CUPATION (Kind of work done	125 KIND OF	BUSINESS OR
1		BALTIMORE	give street of	ddress) BALT	TITUTION (If not in hospitol MED CENT	during most of	working life, even if retired. ILOR	INDUSTRY	THING
0	130.	USUAL RESIDENCE (Where deceos	ed lived, if institution: Re	sidence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		THINO
	odm	ission) STATE MARYLAN	D 18b. COUNTY		BALTIMORE	YES NO	5428 GIST A	VENUE	
	14.	ATHER'S NAME First	Middle	Lost		MAIDEN NAME First	Middle		Lost
	L.	ISAAC		SCHWART		MINNI			?
)	160	WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give w		OCIAL SECURITY N		COTE COUGIA	Address	T AUENIII	#01011
	-					SSIE SCHWA	RTZ, 5428 GIS	APPROXI	MATE INTERVAL
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE			OIAL INFAR	CTTON		BETWEEN C	INSET AND DEATH
		4109 IMMEDIA	DUE TO, OR AS A CO		JIAD INTAN	CITON			
		Conditions, if ony, which gove	(b)	ATEROS	SCLEROTIC	HEART DI	SEASE		
		rise to immediate couse (o), stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF					
		lost.	(c)						
		PART 2. OTHER SIGNIFICANT COI							
	NOL	190. DATE OF OPERATION 19b.	E HEART FA	ILURE	DUE TO AF	CLE KOSC TE	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	EDTIEVING
2	CERTIFICATION	The ball of the latest	CONDITION TON WINCH OF	INTION TRADICI	YES [		CAUSES OF DEATH?	CONSIDERED IN C	LICITI TIITO
		210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJUR		_		re of injury in Port 1 or Port 2	2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Mon	th Doy Yeor 19					
	ME	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HON		TORY.) 21f. LOCATION Str	eet or R.F.D. No.	City or Town	County	Stote
	П						3=1/	-69	
		ot work ot work of the control of th	is hospital) attended	the decease	od from J-12	my) (aur) aninian	death accurred an the	date and hour	(I) (we) las
	12	causes stated above	e, (I) (we) (did) (did n	at) view the l	pady after death.	my/ (doi/ apiman	deam accorred an me	aute and naoi	and train me
		22b. SIGNATURE	Ivolamo	rd			1 22	c. DATE SIGNED	
		Soot Bully Signature		M	DEGREE PHYS.		OR PHYS.	3-14-6	9
1		22d. PHYSICIAN'S NAME (Type) DOST	MOHAMMAD	M D	22e. AD		CHARLES ST		
	230	BURIAL, CREMATION, 23b.			CEMETERY OR CREMATORY	234	. LOCATION (City or Town)	(County)	(Stote)
	200	DEMONIAL (C			MUNAH (AITZ		BALTIMORE, MAI		(5.5.3)
	24.	FUNERAL DIRECTOR OL LEVINSON & 1				2So. REC'D BY REG	ISTRAR 2Sb. REGISTRAF	R'S SIGNATURE	
)	3	UL LEVINSUN & C	DRUS. ADVIU	KLISICI	WIOWIA KOVA	DMAR 18	1969 /Clus	May Yearing	ue.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH .FilmGL11 4/7/69 death. I and executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY Baltimore d. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Anneslie App. 17 yrs Anneslie d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 1120 Arran Road 1120 Arran Road NO K NAME OF First Middle DATE remave carban Manth Year DECEASED SCOTT 1969 March 20th, IDA crematian, ar remaval, and in any event, (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** Haurs March 10,1910-White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during mast af warking life, even if retired)
Homemaker INDUSTRY COUNTRY? TIFFORM Baltimore, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phy William Carr Louise Arnreich 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO OR ATTENDING PHYSICIAN: The law requires that the death permit. (Yes, na, or unknown) (If yes give wor or dotes of service Mr. Wm. L. Scott-1120 Arran Rd.-12 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per Jine, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) Haur a.m. factory, street, office bldg., etc.) Nat While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram director, page 3 shauld shauld be filed with the 10: 12 rate sollies and saw the deceased alive on and that death occurred at an the date stated abave. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial Balto 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home-6500 VR A15 (4) 25M 1/67

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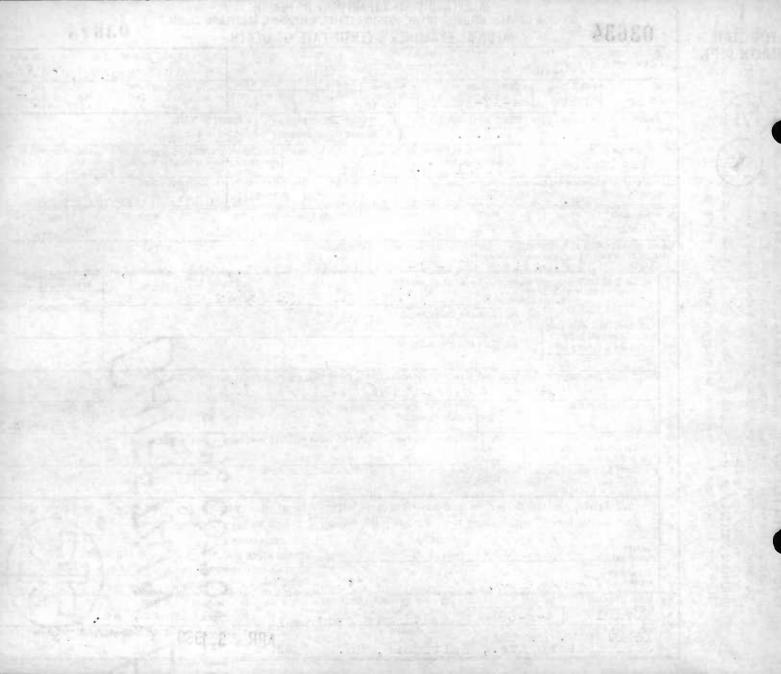
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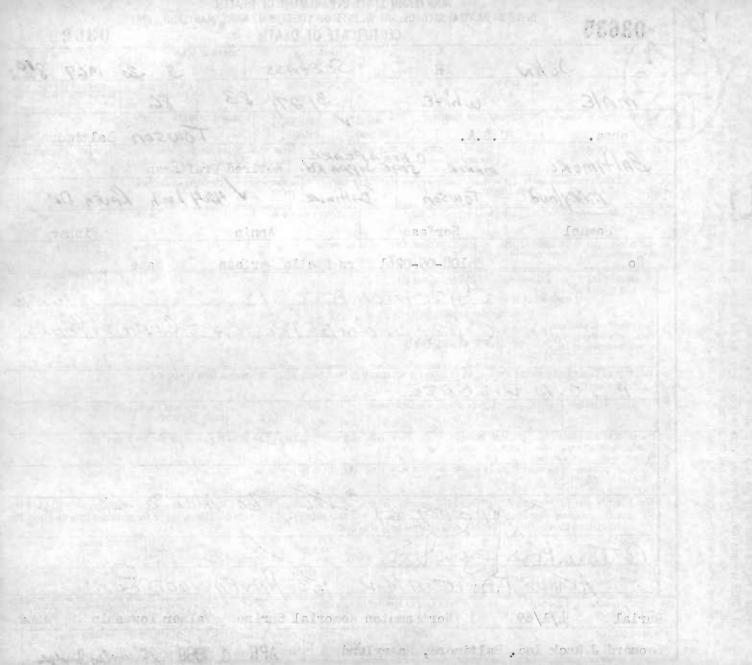
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03628 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-CARL 8 P. M HENRY SENULA Poge of DEATH MATED ment ( 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR White Male 4-17-10 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Germany U.S.A. WIDOWED | DIVORCED Baltimore 24 hours ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Baltimore give street address) during most of warking life, even if retired.) INDUSTRY Brewer Beer deoth. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER × Office olo odmissian) STATE 13b. COUNTY. Baltimore YES NO Bank lond2 Item 1 ofter 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Carl Senula Katherine Nehaus the Chief Medical Examiner's pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil INFORMANT ADDRESS within erda Senula (Yes, na, ar unknawn) es 214-01-9430 File 6937 Rank within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1(a) 0 removol used CERTIFICATION 19a. DATE OF OPERATION CONDITION FOR WHICH OPPRATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, This pe YES [7] NO I 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE I AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection | Inquiry and in my apinian Natural causes Hamicide death resulted fram: Accident Suicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE APRIL1-1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) OO MADDRESS(Street sity town MIGUNTY DALK 4021222 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 4-2-69 Baltimore. Baltimore National APRY REGISTRA 1969 25b. WELLANDS ACCOUNT 2Sa. Matthews Eastern Ave. Baltimore, Md. VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03629 1. DECFASED-NAME First Middle death. Last 2g. DATE OF DEATH 2b. HOUR 0 puo (Type or print) H filled in by the tun popers. Poges 1 of thin 72 hours after d 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MONTHS HOURS within 24 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Towson U.S.A. Penna. WIDOWED [ DIVORCED Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) C hes a few markets 1D. CITY OR JOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR carbon during most of working life even if retired.)
Retired Draftsman W INDUSTRY e × 509E JOPPA Rd. MANOR. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY\_OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER DI3b. COUNTY .. YES remove nW50n 00. removal, ond-in ony 14. FATHER'S NAME Middle and Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost OR ATTENDING PHYSICIAN: The law requires that the death certificate be Serfass Samuel Annie Fisher physician c pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address [ (If yes give wor or dates of service) Yes, no, or unknown) 108-05-0261 Mrs Stella Serfass Same APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY RCINOMATO 0 IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF GLAND2) Conditions, if any, which gave: burial-tronsit rise ta immediate cause (o), signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Heolth prior to this certificate has been os the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 2Dn AUTOPSY2 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year Stote Dept. of (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased fram be retoined by saw the deceased alive an A and A and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (I) (xe) (did) (d) (and) view the bady after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS. DIRECTOR PHYS. TO HOSPITAL Poge 4 may b 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS ENVYDDI 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOYAL (Specify) 4/1/69 Northampton Memorial Shrine Palmer Township Penna 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Leonard J Ruck Inc. Baltimore, Ma ryland DATE APR Minera Judge

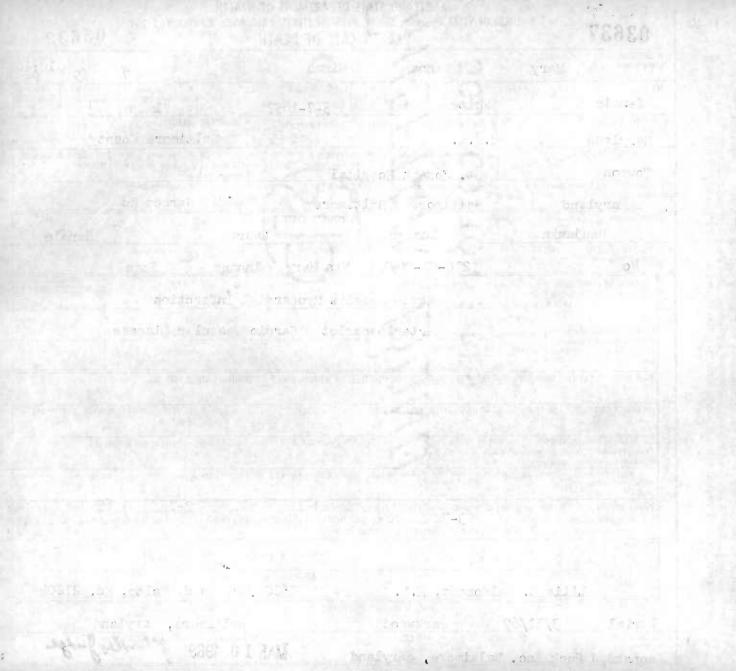


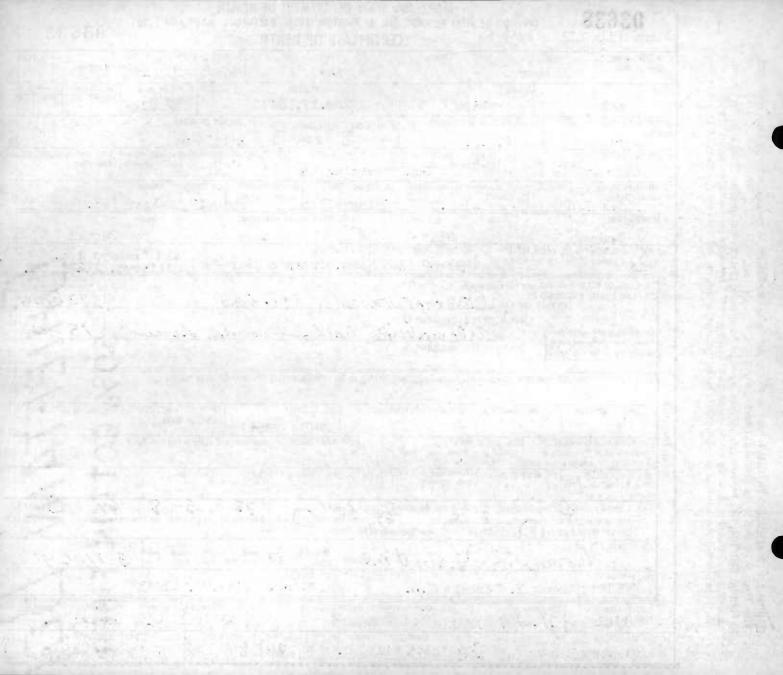
			D STATE DEPARTMENT OF		
142			301 W. PRESTON STREET, BAI		02024
1	03636		CERTIFICATE OF DEATH		03631
. 2	1. DECEASED-NAME First	Middle	last	2g. DATE OF DEATH	2b. HOUR
the land the	(Type or print)		•	Manth Day	Year
de g de	Alber		Simms	March 12	1969 3:55PM IF UNDER 1 YEAR   IF UNDER 24 HRS.
in Fig.	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
and	Male	White	1/25/1903	last birthday) 66 YRs.	
yd r P S. P	7o. BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
7 = 2 2	Baltimore,	d. TISA	WIDOWED DIVORCED	Baltimore	Md.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a. US	SUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
8 Swithing		give street address)	Joseph Hospital  Joseph Hospital  Jac LITY OR TOWN 1384 INSIDE CITY	mast af warking life, even if retired.)	RESTUARANT
/>- #=+	Baltimore	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER	1 40310 9419-1
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mud 4	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME		r021
n o se se dir	SAMUEL	H. SIMMS	NELLIE	MYERS	
ertificate be exe physician and con nen please remo noval, and in any	16a. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY		Address	711.00
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equires that the death certificate be execplysician. signed by the attending physician and a burial-transit permit. Then please remaind, crematian, or removal, and in any	18. CAUSE OF DEATH (Enter or	ly ane cause per line far (a), (b), and (c) D BY:	.)		APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
ath int.	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)Cerebral	Hemorphage		
der frem n, o	113/V	DUE TO, OR AS A CONSEQUENCE OF	0		
tion the	Canditians, if any, which gave				
at the sile was th	rise ta immediate cause (a),	(b)			
tra tra	stating the underlying cause last.	DUE 10, OK AS A CONSEQUENCE OF			
equires that the death ce physician. signed by the attending burial-transit permit. The		(C)	OT DELATED TO THE TERMINAL DISEASE	DECONDITION CIVEN IN DART 1(-)	<del></del>
1: The law requires the ar attending physician. te has been signed by use as the burial-trensialth prior ta burial, cres	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OF KETATED TO THE TERMINAL DISEASE C	RECONDITION GIVEN IN PART 1(0)	
ing sen the	8				CONCIDENCE IN CERTIFICING
la s bas as britio	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
the batt	ELE CONTRACTOR DE LA CO		YES NO	X	
IAN: The law retal or attending pricate has been star use as the brite the late of the lat				nter nature of injury in Part 1 or Part 2,	Item 18.)
E SE	G CONTRIBUTING CAUSE OF DEA	ner) P.M.	9		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and cample as 3 shauld be detached for use as the burial-transit permit. Then please remave co ed with the State Dept. af Health prior to burial, cremation, or removal, and in any even		PLACE OF INJURY ( AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D.	Na. City ar Tawn	Caunty State
his his De	While Not while of work	OFFICE BUILDING, ETC.			
NG + + er t + e d te d te	22a I certify that (A (th	is hospitol) attended the deceos live an 3/12	ed from 3/10 , 19	69, to 3/12 , 19	69 , that M) (we) lost
Aft Par	saw the deceased of	live an 3/12	19.69, and that in (my) (aur) o	pinian death occurred on the do	te and hour and from the
Section of the sectio	causes stated abav	e, (I) (we) (did) (did nat) view the	bady after death.		
A de D de jé	22b. SIGNATURE	1 1	ATTENDING	MCD CTACE	DATE SIGNED
OR OR Sed v	Cambo	I DWDOC	DEGREE PHYS.	DIRECTOR PHYS. M	arch.12, 1969
AAI POR A	22d. PHYSICIAN'S		22e. ADDRESS	Marill Marile 174	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type) Camilo	F. Tomboc, M.D.	7620 Yor	k Road, Baltimore,	Md. 21204
UN Bed a sulconficient	23a. BURIAL, CREMATION, 23b.	DATE 3/15/69 23c. NAME OF BALT ADDRESS	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
Page dirip	REMOVAL (Specify)	3/15/69 BALT	O. CEM.	BALTO, MD.	
1.10	24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR A15 4) A 30M REV. 1/ 48	JE, CONNEL	LY SONS 30	D MACE DATE A	1 4 1969 Milan	Ces Judge
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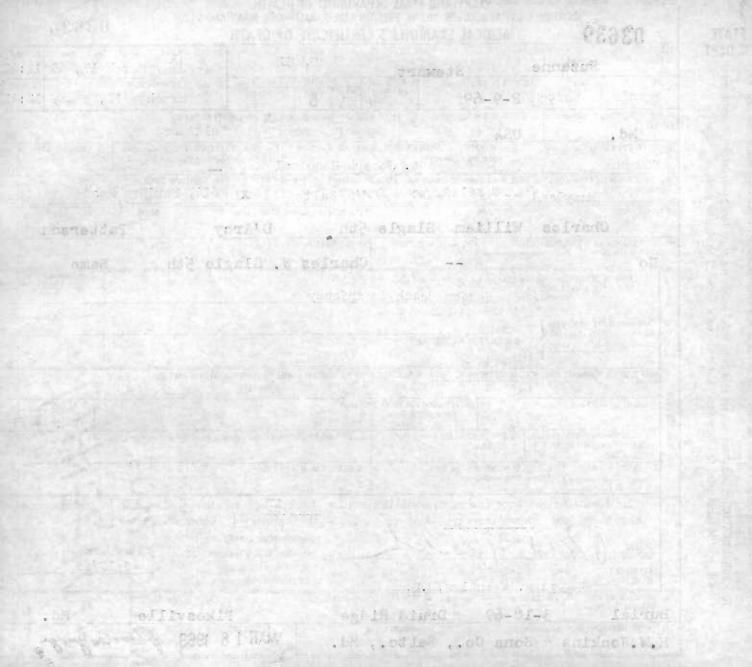
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03632 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Mary Anna Simms ve carbon papers. Pages 1 event, within 72 hours after 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR female last birthday) white 5-7-1897 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. WIDOWED DIVORCED [ Baltimore County OR ATTENDING PHYSICIAN: The law requires that the death certificate of executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) Towson St. Joseph Hospital

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN Towson 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 2820 Garnet Rd Maryland Baltimore Baltimore ond in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME Eirst Middle Last Benjamin Bucher Laura Harple 16a. WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) burial, cremation, ar remaval, 216-01-0091 D Mrs Mary G Thomas Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute Massive Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove ) Arterioscerlotic Cardio Vascular Disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b i Heolth prior to b certificate hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IE YES, WERE EINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. City or Tawn County State While Nat while at wark Poge 4 moy be retained by t TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram 3-7, 19 69, ta 3-7, 19 69, that (I) (we) last saw the deceased alive an 3-7, 1969, and that in (my) (aur) apinian death occurred on the date and haur and fram the director, page 3 should shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED dilia C. Baldonado ATTENDING PHYS. MED.
DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Lilia C. Baldonado, M.D. 7620 York Road, Balto, Md. 21204 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 3/11/69 Baltimore, Maryland Parkwood 25b. PECUTRAR'S GNATER 24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

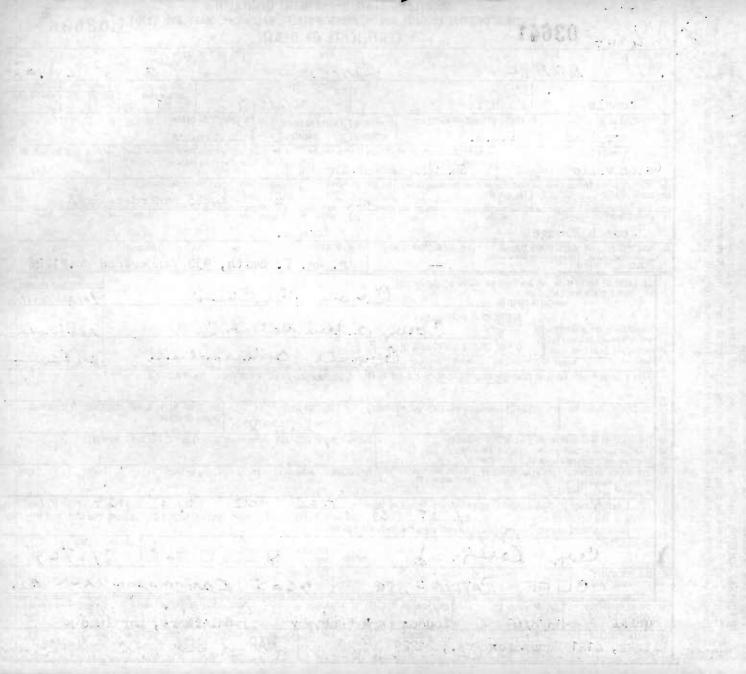




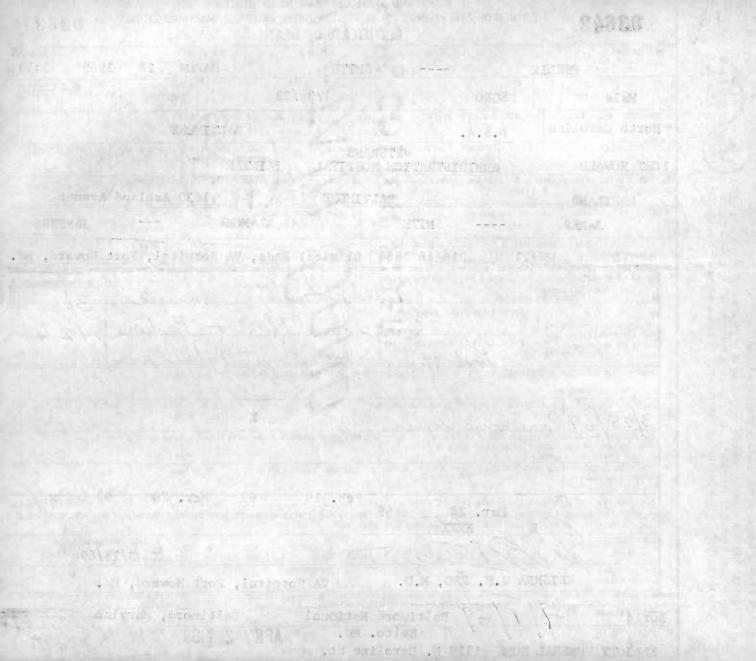
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hours Item 1 Office	1 and 2 after 4	14. F.	ATHER'S NAME	First	Middle		Last		HER'S MAIDE		First	-	Middle	e	Lost	
5 E V	pages land2		Cha	rles	Willi	am S	lagle	5th		D 1/	Arcy	7		Pat	terso	n
d be executed within a 'pencil is Chief Medicol Examiner	pages		VAS DECEASED EVER IN es, no, or unknown)		RCES? r or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORM		U.S.			ADDRESS			
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ted " in	ermit. Fi		1B. CAUSE OF DEA PART I. DEATH	TH (Enter only	one couse per li	ne for (a), (b),	and (c).)								APPROXIMATE BETWEEN ONSET	
executed anding" in Medicol B	wit wit	1	795	IMMEDIATE	CAUSE (a) SU	agen ge	eath 1	n infai	ncy							
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ld b	ol-trar any e		rise to immediate		DUE TO, OR	AS A CONSEQU	ENCE OF									
shoul the	.E. E.		last.	)	(c)											
ER: This certificate should certificate, writing the word ould be farworded to the Ch	and		PART 2. OTHER SIGNI	FICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH E	UT NOT REL	ATED TO THE TE	RMINAL DIS	EASE OR CO	NDITION	GIVEN IN P	ART I(o)			
writi	d be used or or removol,	CERTIFICATION	19a. DATE OF OPERA	TION		19b. CONDITIO		OPERATION	33-						20. AUTOPS	(?
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INER: Thi e certificot should be files		MEDICAL CES	21a. EXTERNAL CAUSE PRIMARY OR CON CAUSE OF DEATH		21b. TIME OF HOUR A./		Daγ, Year 19	21c. HOW II	NJURY OCCI	URRED (Ente	r nature	af injury ir	n Part 1 ar P	Part 2, Item	1B.)	
sho sho	- m 2	MED	21d. INJURY OCCURRE		ACE OF INJURY (A	At hame, farm,	street,	21f. LOCATIO	ON Street ar	R.F.D. No.		City ar	Tawn		County	State
EXAMINER: cute the cert age 4 should			WHILE NOT WHI	K T	ry, office building	g, erc.)			7				HAR			
NI E	CTOR: F burial,		22a. I cert	ify that I too	ik charge of th	ne remains d	escribed a	bove, held ar	n Autap	sy 💌	Inspe	ection [	], Inqu	giry	and in m	y apinian
Se exector. Porton Porton	FUNERAL DIRECTOR:		death resulte	ed from:	Natural caus	es 🗶 , A	ccident	], Suicide	· [,	Homicide	<u></u>	Undeter	rmined m	anner 🗌	]	
please I directo	DIR or to		ACTUAL	1,	0 71	1/. 1	1			MEDICAL EX					. Lien	
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- 32	-	B	REMOVAL (Specify)	3-	18-69			Ridge			1000		ville	,	Md	'
1	(2)	24.	FUNERAL DIRECTOR				ADDRESS		2	250. RECIDA				STRAR'S SIG	NATURE	
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	ECEASED-NAME First Type or print)	Middle	CERTIFICATE OF DEATH  Lost	20. DATE OF DEATH		2b. HOURA
,	PHELI:	X	SMITH	MARCH Month 28 Do	1969 <sup>or</sup>	5:50 M
3. S	Male	4. RACE NEGRO	S. DATE OF BIRTH 1/24/23.	6. AGE (In years last birthday) YRS.		HOURS MIN
7o. €OU	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER DIVORCED	9. COUNTY OF DEATH BALT IMORE		Md.
F	ORT HOWARD	11. NAME OF HOSPITAL OR JAS give street oddress ADMINISTRATIO		JAL OCCUPATION (Kind of work done poot of working life, even if retired.)	12b. KIND OF BU INDUSTRY	
13o. odm	USUAL RESIDENCE (Where deceosed ission) STATE  MARYLAND	lived, if institution: Residence before	BALTIMORE 13d. INSIDE CITY I	LIMITS? 13e. STREET AND NUMBER 1630 Ashlar	nd Avenue	
14.	FATHER'S NAME First  JAMES	Middle Lost SMITH	15. MOTHER'S MAIDEN NAME	First Middle Middle	JEFF	Lost ERS
160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY M 216 16 1.		, VA Hospital, Fo	ort Howar	d, Md.
NO			280phagectony Trelated to the terminal disease or		resty	lus -
CERTIFICATION	190. DATE OF OPERATION 196. CO 3/25/69 C 210/ ACCIDEN WAS UNDERLYING	ONDITION FOR WHICH OPERATION WAS PER	Midy ZYES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?  er noture of injury in Port 1 or Part 2,		IFYING
ER		ZID. TIME OF INJUNT		er noture of injury in Port 1 of Part 2,	11em 18.)	
	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Doy Yeor			Count	Cart
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURRED 21e. P While Not while	T) HOUR A.M. Month Doy Yeor 19 LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No	o. City or Town	County	Stote
	or contributing cause of Death (If either, notify medical examine 21d. INJURY OCCURRED While Not while of work of work  22a. I certify that (I) this saw the deceased alive	T) HOUR A.M. Month Doy Yeor 19 LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. No	69 , ta Mar 28 , 19	o_69 , that () ate and haur an	*(we) last
	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURRED While Not while of work  22a. I certify that (I) this saw the deceased alive causes stated above, 22b. SIGNATURE	HOUR A.M. Month Doy Yeor P.M. 19  LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.  haspital) attended the decease ye an Mar 28	of from Feb. 18 , 19 g 9 69 , and that in (my) (aur) appady after death.	69 , ta Mar • 28 , 19 inian death accurred an the death	69 that (	*(wa) Inst
	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURRED While Not while of work  22a. I certify that (I) this saw the deceased ali causes stated above, 22b. SIGNATURE	HOUR A.M. Month Doy Yeor P.M. 19  LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.  haspital) attended the decease ye an Mar 28	21f. LOCATION Street or R.F.D. No. 2 of from Feb. 18 , 19 and that in (my) (aur) appeady after death.  DEGREE PHYS. DEGREE PHYS. 22e. ADDRESS	69 , ta Mar 28 , 19 inian death accurred an the de	n 69, that (1) ate and haur an DATE SIGNED /28/69	*(wa) Inst
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3. 5	Male	4. RACE	Negro	S. DATE OF BIR Janua:	ry 1,1924	6. AGE (In years last birthday) 45 YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
COL	BIRTHPLACE (Stote ar fareign ntry) rince Geo. Co	7b. CITIZEN OF WHA		MARRIED   NEVER MARR		HTY OF DEATH	M
8 0	CITY OR TOWN OF DEATH	Md Ros	ME OF HOSPITAL OR INSTITUTE address) Sewood Stat	e Hospital	12a. USUAL OCCUP during mast af we	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
3 adm	USUAL RESIDENCE (Where dec issian) STATE	eased lived, if institution   13b. COUNTY	in: Residence befare 13		3d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	
3 14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAI		Middle	Last
160	Edwa. WAS DECEASED EVER IN U.S.	ARMED FORCES?	Spratle 16b. SOCIAL SECURITY NO.	17. INFORMANT	Elizak	oeth Address	Rives
	No	ive wor or dates of service)					
	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAI	JSED BY: EDIATE CAUSE (a)	sphylia	due Lo			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which garrise ta immediate cause (c	ve) (b)	Solvat	an e/5	Lamach 1	Conhent	termend
,	stating the underlying caused ast.	(c)	A CONSEQUENCE OF				
NO	PART 2. OTHER SIGNIFICANT	sheluhema	1. 20d Seve	r Mental Kek	arbahean .	+Genevalized	
CERTIFICATION			H OPERATION WAS PERFO	YES	NO 🗆	2Db. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERL  ☐ OR CONTRIBUTING ☐ CAUSE OF  (If either, natify medical exc	DEATH HOUR A.M. P.M.	Manth Day Year			af injury in Part 1 ar Part 2,	Item 18.)
W	21d. INJURY OCCURRED While Nat while at wark	Te. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTORY DEFICE BUILDING, ETC.	21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	Caunty State
	22a. I certify that () saw the deceased causes stated abo	(this haspital) atter alive on ove (did) (d	ided the deceased	7, and that in thy y after death.		a 30 May, 19 eath accurred an the do	that (f) (we) last the and haur and from the
(	22b. SIGNATURE Cachard	Co fens		DEGREE PHYS.	DIRECTOR	STAFF PHYS.   22c.	DATE SIGNED 69
	22d. PHYSICIAN'S NAME (Type)	and A.	lokes	22e ADDR	wood Si	tate Los	ρ.
230	BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE	23c. NAME OF CEM	abunn	23d.	OCATION (CITY OF TOWN)	(Caunty) (State)
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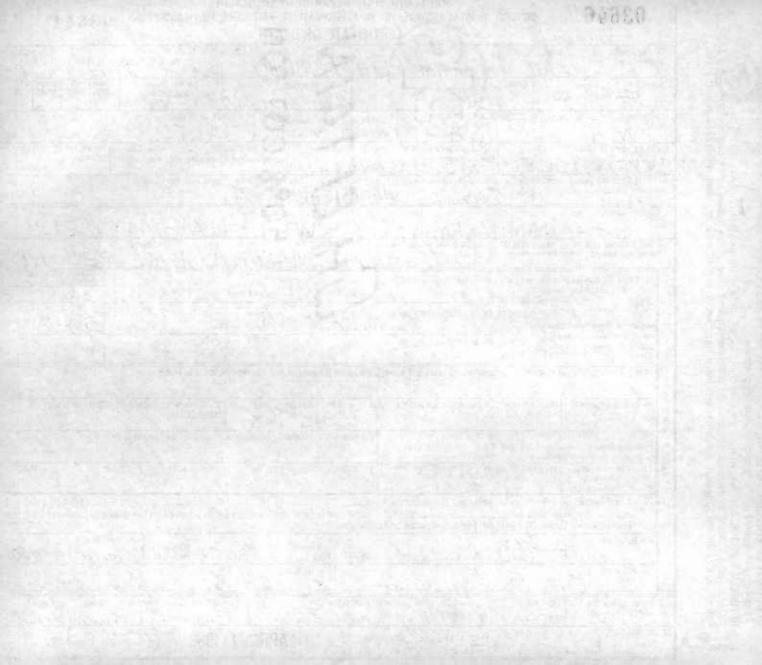
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1	MARTLAND STATE DEPARTMENT OF REALTH	
	03646 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03641	
1	CERTIFICATE OF DEATH	
1.	DECEASED-NAME First Middle , Lost 20. DATE OF DEATH 2b	HOUR
	(Type or print) MAY FRANKING (TANSRIPY) March 304, 13egg 4-	35
2	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UND	SER 24 HRS
3.	lost birthday) Months Day's House	
_	W SEP1, 12-1879 89 YRS.	
	D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUNTRY?	
-	MO . USA, WIDOWED DIVORCED BALTO,	M
10	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINE	ESS OR
1	OCKEYS VILLE give street oddress) MASONIC HOME during most of working life, even if retired.) INDUSTRY	nei
	to USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
od	Imission STATES 13b. COLINTY A LTO HAMPSTEADYES NO 1	
14	4. FATHER'S NAME First Middle Lost / 1S. MOTHER'S MAIDEN NAME First Middle Los	st
	BENIAMINI- ERANKIIN MILLELLA - MAYINEL	1
1/	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
1"	Yes, no, or unknown) (If yes give war or dates of sarvice) 220 54-43215/MD, NASONIC-HOME-RECOI	PA
-	1000AY(MAY MAY	ERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  LODAN MURCUMONIA  3 days	-
	542 X DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove (b) Due TO, OR AS A CONSEQUENCE OF Disease 5 yes,	
	rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1 1
1.	그 보다 내가 내용하는 아이들이 얼마나 하는 것이 되었다. 그는 사람들은 사람들은 사람들이 되었다.	
1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	ING
A DIST	YES \ NO \ CAUSES OF DEATH?	
Tear	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
1031	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
1	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	31018
	of work of work	
	220. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (saw the deceased glive on	we) lo
	saw the deceased alive on19, and that in (my) (our) opinion deoth occurred on the dote and hour and it causes stoted above, (1) (we) (slid) (did nat) view the body after death.	nom t
	22c. DATE SIGNED	
1	Law Jacobs Degree PHYS.   MED. DIRECTOR	1960
	22d. PHYS. CIAN'S 22e. ADDRESS 22e. ADDRESS	- /
	NAME (Type) Carl F. Bensuy und 5111 Yark Kel Balto Word 21212	
-	and the state of t	ote)
23	John Bonney Chamberland	1
L	ADDRES DECISTOR OF	ec
12	MO IN TOSO YORK ROAD APR 1 1969 Charles Vielas	1
NU	O"Cook-Brooks Towson Towson MARYMAD DATE 1 1000	

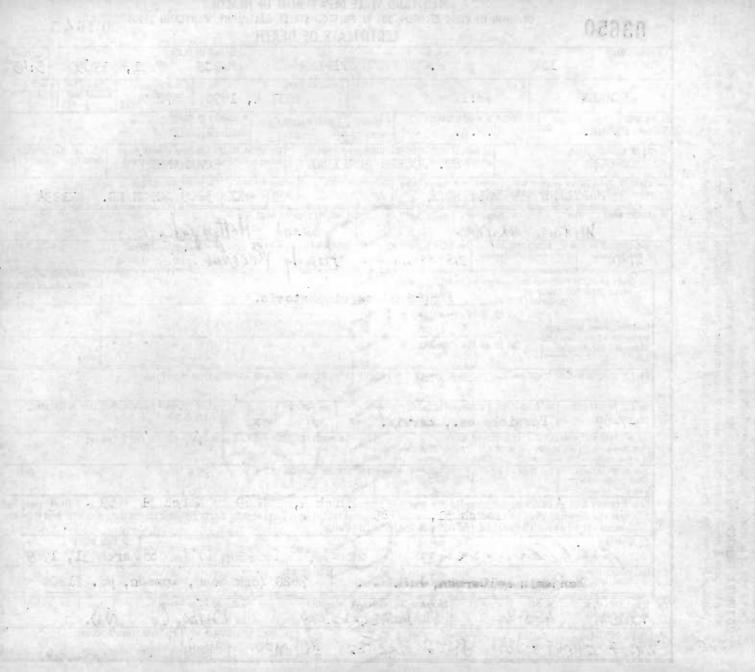


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03642 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month Yeor (Type or Print) OF ESTI-2, and 3 ta PM3. Page Nevil Keith Stedding ent 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD 3/23/1925 Male White 1,2 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, with farm country) L.S.A Baltimore Co., WIDOWED [ DIVORCED [ the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Posewood Trailer Pk, Rosedale wring most of working life, even if retired.) Rosedale ice diena 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Item 18. odmission) STATE Maryland 13b. COUNTY Baltimore Rosedale Rosewood Trailer Pk and after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Off .⊑ the Chief Medical Examiner's haurs pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 213-20-3170 RuTh 703 KEVIN Rd 2122 KOREAN be executed event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= shauld be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) or remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES T NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK far 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection | Inquiry and in my apinian Natural causes Accident , Suicide , death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE March 16.1969 Werner U. Spitz. M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME Menel on

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03649 03644 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH Poges 1 and 2 fours after death. Middle 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) the funeral Lillian Stewart March 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS last birthdoy) Female White 7-17-1887 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in remove carbon papers. N. Y. USA WIDOWED X DIVORCED [ Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR during most of working life, even if retired.)
Homemaker Towson . Joppa Rd. director, page 3 should be detached for use os the burial-tronsit permit. They please remove cark should be filed with the Stote Dept. of Heolth prior to burial, cremotion, or removal, and jo any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md 13b. COUNTY 204 E. Joppa Rd. Balto Towson 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Lost William Brennan Fitzpatrick 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) Glen Head N 080-20-2826D Jean Stewart 18. CAUSE OF DEATH (Enter only one cause per line far(1), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p the Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retoined by the hospitol or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (1) this hospital attended the deceased from 50 sow the deceased alive on 31 16 4 19 , and that \_, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated bave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR 22d. PHYSICIA 22e. ADDRESS NAME (Type) Dr. Jamshid Hamed 204 E. Joppa Rd., Towson, Md. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cremation 3-17-69 Baltimore Greenmount 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co., Balto., Md.

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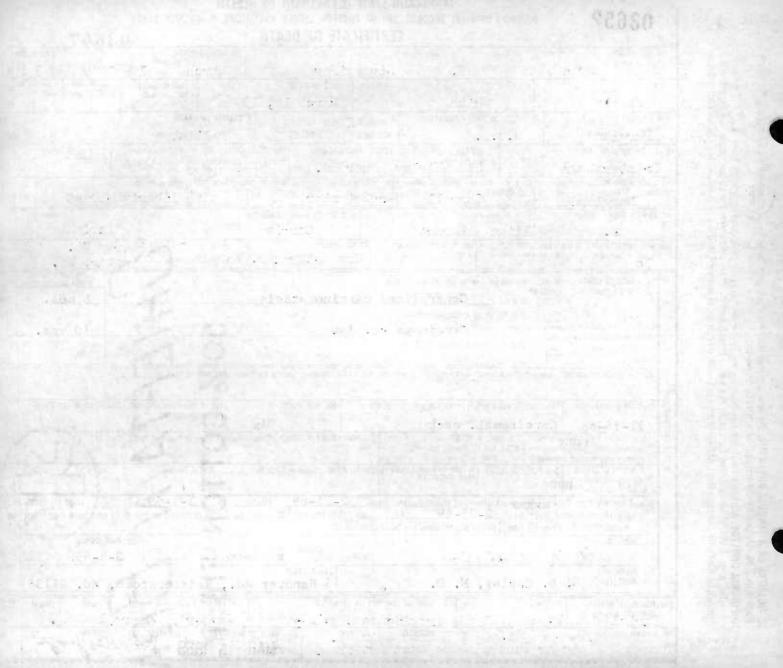


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1	†	03651	DIVISION OF VITAL RE		CATE OF DEATH	IIMORE, MAKI		03646	
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d 2 oth.		ECEASED-NAME First			Last	2a. DATE OF D	EATH Manth Day	Year	2b. HOUR
	L'	BENJA	AMIN :	T	STOLER	MARCH	13.	1969	1 P.
	3. S	EX	4. RACE		S. DATE OF BIRTH		S. AGE (In years		IF UNDER 24 HRS. HOURS MIN
		MALE	WHITE		MAY 21, 190	03	last birthday) YRS.	MONTHS DATS	nouks min
	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY		NEVER MARRIED	9. COUNTY OF D	EATH		
	RI	ntry) ISSIA	U.S.A.	WIDOWED		BALTI	MORE		Mi
		CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL OR INSTITUTION (If	nat in haspital 12a. US	UAL OCCUPATION (	Kind af wark dane	12b. KIND OF BU	
)		BALTIMORE	give street address 6998 MAI			MERCHART	Le, even if retired.)	RETAIL	
	13a.	iccion) CTATE	ased lived, if institution: Residen	ce befare 13c. CITY O			ET AND NUMBER		
100	dull	MARY LAND	13b. COUNTY BALTIMO	DRE BAL	TIMORE YES	NO X 6998	MARSUE D	R., APT.	1 C
P	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME		Middle		Last
	1	MAYER	Si	TOLER	Al	INA			?
	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO. 17.	INFORMANT		Address		
		(es, na, ar unknawn) (If yes give	216-2	24-4895A M	RS. SOPHIA ST	TOLER. 69	98 MARBUE	DR. AT	T. 1
						. 0	, ,	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b ED BY: IATE CAUSE (a)		myorard	cal for	pritage	10	ay
		4109	DUE TO, OR AS A CONSEQ	LIENCE OF A	1	1			0
		Canditions, if any, which gave	) and	arterio	sclerote H	art D	iseaso	74	taro
		rise to immediate cause (a),	DUE TO OR AS A CONCER		),				
		stating the underlying cause last.	(1)	orite of	non				
	-		ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	RCONDITION GIVEN	IN PART 1(g)	-	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		None			.,,		
	10N	19a, DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION		20a. AUTOPSY?	20b. IF Y	ES, WERE FINDINGS O	ONSIDERED IN CER	TIFYING
)	A				YES NO	CALIFFE (	OF DEATH?		
(	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	210	HOW INJURY OCCURRED (En		in Part 1 or Part 2	Item 18.)	
	3	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth D	ay Year	LIII VECONNED (EII	.c. marore ar injury			
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED 21e	niner) P.M. e. PLACE OF INJURY ( AT HOME, FARI	M STREET FACTORY 1 214	LOCATION Street or DED. A	la City	r Town	Caunty	State
		While Nat while	OFFICE BUILDI	NG, ETC.	LOCATION Street or R.F.D. N	ia. City a	Tuwn	County	21016
	18		Lie handadi ara 1 1 d	d	1144 / 10	62/ 10-12	17 10	hg shot	(1) () 1
		220. I certify that (I) (f	his hospital) attended the	deceased from 2	nd that in (my) (aus) a	ninian death as	curred on the do	te and haur a	nd from th
		causes stated abov	ve, (I) (we) (did) (djd nat) v	riew the bady after	death.	pinian death at	corred an ine du	ire dilu iludi u	au irum III
	W	22b. SIGNATURE	0 1			Hen		DATE SIGNED /	10
	1	Iha	ruel Leir	2 DEC	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	3/14/6	9
		22d. PHYSICIAN'S			22e. ADDRESS			111	
1		NAME (Type)	MANUEL LEVIN	2 4 20	6101 PA	RK HEIGHT	S AVENUE	4-14-5	
	230	BURIAL, CREMATION, 23b	. DATE 23c.	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	(City or Town)	(Caunty)	-(State)
		DE11-01/14 (C )		NSHE NEISE			LE, MARYLA	ND	
200	24.	FUNERAL DIRECTOR		ADDRESS	25g. REC'D	-	25b. REGISTRAR'S		
1	S	OL LEVINSON &	BROS., 6010 REI.	STERSTOWN	RUAU MAR	1 9 1969	House	in Judge	

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	03652			CERTIFIC	ATE OF			(	13647	
1.	(Time or print)	rst	Middle	C1	Lost	20	. DATE OF DEA		1969°	2b. HOUR
3	SEX Erma	4. RACE	В.	Stone	SILER S. DATE OF BIR	DTU	March	AGE (In years	1909 IF UNOER 1 YEAR	3 P
, .	Female		ite			10, 190	1 1-	ist_birthdoy)	MONTHS DAYS	HOURS MIN.
70	DIDTUDIACE (State or foreign	7b. CITIZEN OF WHA		18 44 55455			UNTY OF DEA			
C	Maryland	U.S.A.	r coomic	WIDOWED	NEVER MARI	CED 🗍	Baltir			
10	, CITY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR IN		_	120. USUAL OC	CUPATION (Kin	d of work done	12b. KIND OF	BUSINESS OR
	Reisterstown	givest	est oddress) 18 Shirle	y Mano	r Rd.	during most of	warking life,	even if retired.)	INDUSTRY	
13	o. USUAL RESIDENCE (Where dec Imission) STATE Laryland	eosed lived, if institutio	n: Residence before			YES NO	13e. STREET	AND NUMBER	Street	
14	I. FATHER'S NAME First	Middle	Lost	1:	S. MOTHER'S MA	IDEN NAME First		Middle		Last
1	J.	William	Barnes			rrie			Parish	
1	Yes no, or unknown) (If yes gr	ARMED FORCES? ve war or dates of service)	66. SOCIAL SECURITY	NO. 17.	NFORMANT rs Kath	ryn M. K	orman	124 Addesso	erty St.	d.
F	18. CAUSE OF DEATH (Enter	only ane couse per line	far (a), (b), ond (c						APPROX	MATE INTERVAL INSET AND OBATH
Г	DADT I DEATH WAS CAL	SED BY: DIATE CAUSE (o)			rcinoma	tosis			6 m	
ı	1700	DUE TO, OR AS	A CONSEQUENCE OF							
1	Canditions, if ony, which gav	(D)	Carcinom		jaw		1.1		10	yrs.
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L	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTE	NG TO DEATH BUT I	NOT RELATED TO	O THE TERMINAL	. DISEASE OR CONDI	IION GIVEN IN	PART I(a)		
	19g. DATE OF OPERATION 119	Pb. CONDITION FOR WHIC	H OPERATION WAS P	EDEODMED	20o. AUTO	DCV2	20h IE VES	WERE EINDINGS	CONSIDERED IN C	EPTIEVING
and the state of t	11 14 40	CarcinomaL		e okale	YES T	NO 🖼	CAUSES OF		COMPENSO III	
1000	11-14-68 210. ACCIDENT WAS UNDERL	YING 21b. TIME OF	NJURY	21c. H	-	URRED (Enter note	re af injury in	Port 1 ar Port 2	, Item 18.)	
1	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CA	MINER HOUR A.M. P.M.	Manth Day Year	r 19				- Lake	100	
1		le. PLACE OF INJURY /			OCATION Street	t ar R.F.D. No.	City ar T	own	County	Stote
1	ot work ot work	ne					-turk			
	22a. I certify that (I) ( sow the deceased	thischospital) atter	ded the deceas	sed from	2-25-6	9 , 19	, to	<del>-1-69</del> ,1	9, tha	(I) (368) lo
1	sow the deceased	ve, (I) (wae) (did) (did)	is not) view the	body ofter	a that in (my deoth.	/) (our) opinion	deoth occu	rred on the o	lote ond hour	ond from th
ı	22b. SIGNATURE	(1) (22) (414) (6	/	bou, one.			-	220	. DATE SIGNED	
	2,2	. Carl	LA	DEGI	REE PHYS.	G MED. DIRECTO	OR PH	AFF IYS.	3-3-69	
	22d. PHYSICIAN'S NAME (Type)	D. Carles	W D		22e. ADDI				24.1	01106
		D. Caples,				nover Rd				
2	DEMOVAL (C : 6.)	b. DATE		CEMETERY OR			. LOCATION (C		(Caunty)	(Stote)
2	Burial M	arch 4, 190	OF Provi	dence	Cemeter	2Sa. REC'D BY REC	Gamber	25h DEGISTRAD	C CICNATURE	d.
T	homas D Fletch	an Francis	254 Hast	Main	ot.	- MAD	E 198	Och	males Jac	de

MARYLAND STATE DEPARTMENT OF HEALTH



	03653	DIVISION OF VITAL RECORD	S, 301 W. PRE	EPARTMENT OF STON STREET, BA TE OF DEATH	LTIMORE, MA	RYLAND 21:		648	
1	DECEASED-NAME First	410 3/24/09 KM Middle	CERTIFICA	Last	2g. DATE O	E DEATH	00	040	Tot House
	(Type ar print)	Service and the service and th	0.57		Zd. DATE O	Month	7 Day	Year 69	2b. HOUR
3.	SEX ALEXA	4. RACE		DATE OF BIRTH		6. AGE (In year	año 1		5:45 M
						lost birthdoy	MONTH		HOURS MIN
70	BIRTHPLACE (Stote or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIED	11-2-1890 NEVER MARRIED	9. COUNTY O	78	YRS.		
	untry) Poland	USA	WIDOWED	DIVORCED [		timore			
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR		in hospital 12a. US	SUAL OCCUPATION	N (Kind of wark	done 12b	. KIND OF 8U	Md.
8	Towson	give street address) St. Joseph		during	most of working	life, even if re	tired.) INI	DUSTRY	3111233 ON
13	. USUAL RESIDENCE (Where decease	ed lived, if institution: Residence befo	re 13c. CITY OR TO	OWN 13d. INSIDE CIT	Y LIMITS? 13e. S	TREET AND NUM	BER	-	
do	mission) STATE Md.	1316. COUNTY	Baltin	nore YES	NO 25	09 Bank	, St.	7 212	231
14	FATHER'S NAME First	Middle Last	1S. A	NOTHER'S MAIDEN NAME	First	Mi	ddle		Last
L	Frank Prejs				Li	szewsk		ceas	edo
16	a. WAS DECEASED EVER IN U.S. ARM Yes, no or unknown)   (If yes give wi	nr or dates of service)					ress Ba	to.	Md.
L	Yes, no or unknown) (If yes give wi			s. Mary H	Barron	2209 I	Bank	Stree	t
		γ ane cause per line for (a), (b), and		Market Bridge				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	IMMEDIA	TE CAUSE (a) Acute m				acute			
	7709	X DUR YOKORMAKAKOUNSBOUENCK	or pulmo	nary edema	;	7 1			
	canditions, if any, which gave rise to immediate cause (o),	due (b to or as a  DUE TO, OR AS A CONSCIONENCE	consequer	ice of (b)	arterio	sclerot	10		
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF						
	_	(c)	NOT DELATED TO T	UF TERMINAL DISEASE O	D CONDITION CIVI	TALLIAL DADT 1/ \			
	TAKT Z. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO T	HE TERMINAL DISEASE O	KCONDITION GIV	:N IN PAKI I(a)			
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b i	F YES, WERE FINI	DINGS CONSIDE	RED IN CERT	TIFYING
LIFICA				YES NO.		S OF DEATH?			
		G 21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (En		ury in Part 1 ar	Part 2, Item 1	8.)	
MFDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. Month Day Ye	or 19						
MF		PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	TION Street or R.F.D. I	Na. City	ar Tawn	Cou	nty	State
	at wark at work							200	
	22a. I certify that 10 (thi	s haspital) attended the decer ive an 3-14	sed from 3.	-6- , 19.	69 , ta_	3-14-	, 1969	_, that (i	(we) last
	saw the deceased al	ive an 3-14, (I) (we) (did) (did nat) view th	_1769_, and t	hat in (my) (aur) a	pinian death	accurred an 1	the date an	d haur an	d fram the
П	22b. SIGNATURE	, (i) (we) (aia) (aia iiai) view ii	ie body dilei dei	2111.			22c. DATE S	IGNED	
	Beatre	in P. Din	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		14-69	
	22d. PHYSICIAN'S	0 0		22e. ADDRESS	DIRECTOR	11113.	)	14-09	
	NAME (Type) Beatri	z P. Dizon, M.D	•	7620 Yo	ork Road	Towso	n, Md	. 21	204
23	BURIAL, CREMATION, 23b. D		OF CEMETERY OR CR	EMATORY	23d. LOCATI	ON (City or Taw	n) (Cou	inty)	(State)
L		-18-69 Holy	Rosary	Cemterry OF 25a. REC'D	y Du	ndalk,	Mary	land	
	FUNERAL DIRECTOR	ADDRE	S Chesi	Ser 2Sa. REC'D	BY REGISTRAR	2Sb. REGIS	STRAR'S SIGNA	TURE	
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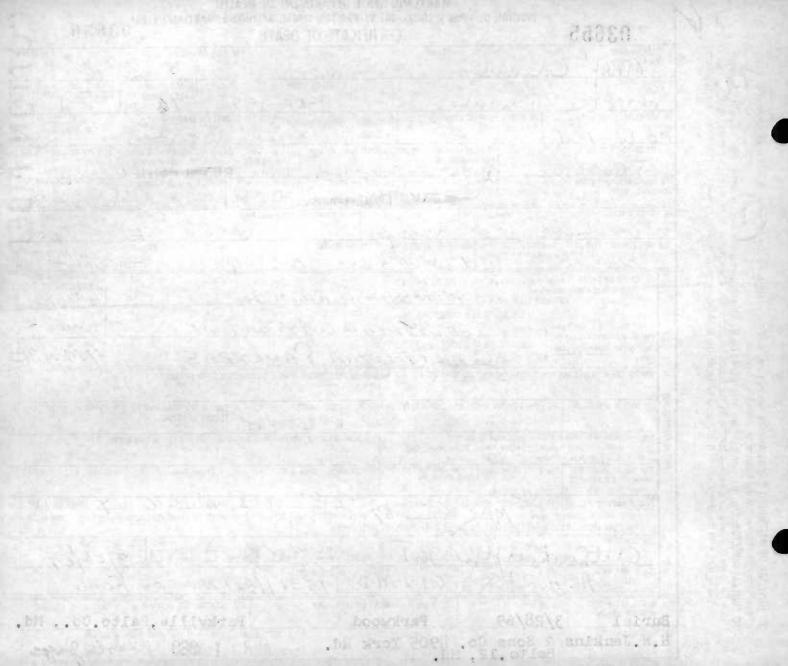
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ICIAN: pital ar rrifficate ad far us of Health	MEDICAL CER	21a. ACCIDENT WAS UNDERLY!!  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exami	TH HOUR A.M. Manth Day Year iner) P.M.	9		IRRED (Enter notur	e of injury in Pai	t 1 ar Part 2,	Item 18.)	
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OR AT be reto DIRECTOR She be with led with		22b. SIGNATURE S,	Closs J. M	D DEG	11113.		R STAFF PHYS.	22c. 1	DATE SIGNED  3 Mac.	469
A may NERAL tar, pag		22d. PHYSICIAN'S NAME (Type) ERN			22e. ADDR	ed this	BIDO	Ba	Dt. Y	nd.
TO HC Page TO FU direct		DEMONAL (C. 16.)	DATE 23c. NAME OF Dulane	y Vall	ey Mem	Gdns T	LOCATION (City OWSON		(County)	(Stote)
OM REV. USA			eld Home 6500 York	Road		DATE DATE	1969 25	A COSTERNO	The Jardy	μ

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r SIC aspija	t. al	MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.		19 SET FACTORY ) 214 LOCATION Street or D.E.D.	D. No. City or Town	County State
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an and and and and in ar		FATHER'S NAME First  FM M 2 + 7  WAS DECEASED EVER IN U	Middle	Last TIGNOI 16b. SOCIAL SECURITY NO.	IS. MOTHER'S MAII	PAH PIRST	E, C	iddle PODY	Last
physician phononical p		(es, no, or unknown) (If	yes give war ar dates of service)	?	MRS VEA	LVAB.	TIGNOR.	WIFE	- ABOVI-
ATENDING PHYSICIAN: The law requires that the death certificate be exectained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and constant the state of the seast the burial-transit permit. Then please removing the State Dept. of Health prior to burial, crematian, or remayal, and in any state the state Dept.		PART I. DEATH WAS  Canditions, if any, which rise to immediate cous stating the underlying	gave) e (a),	AS A CONSEQUENCE OF ALCOHOLL  AS A CONSEQUENCE OF	C INTOXIC			BET	WEEN ONSET AND DEATH
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L OR A DE retor DIRECT		22b. SIGNATURE  22d. PHYSICIAN'S	Oyou vin t	MD.	DEGREE ATTENDING PHYS. 22e. ADDR	DIRECT	OR STAFF PHYS.	22c. DATE SIGN	. 0
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= =	24.	BURIAL, CREMATION, REMOVAL (Specify)	3-H-6	9 Sake V	www Mem	2Sa. RECD BY REC	Sykisville	COMMINICATION (COUNTY)	ell, met.
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1. DECEASED-NAME (Type or print) Sa	First Mid arah E	dle Lost Tillman	20.	DATE OF DEATH  Manth 27		2b. HOUR
3. SEX female	4. RACE negro	S. DATE OF	/26/16_	6. AGE (In years lost birthdoy)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (State or fore country) Luch 1	7b. CITIZEN OF WHAT COUNTRY	R. MARRIED WIDOWED TAL OR INSTITUTION (II a all ho porte	120. USUAL OCCI	Baltimore UPATION (Kind of work do working life, even if retire	ine 12h KIND OF	M BUSINESS OR
130. USUAL RESIDENCE (When admission) STATE Md.  14. FATHER'S NAME First	e deceased lived, if institution: Residence 13b. COUNTY	e before 13c. CITY OR TOWN Balto	13d. INSIDE CITY LIMITS? YES NO MAIDEN NAME First	36. STREET AND NUMBER 2001 Madis	on Ave.	21217 lost
16a. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES? (If yes give war or dates of service) (6)	SECURITY NO. 17. INFORMANT,	Belline	Descritores	S	14.00
Conditions, if ony, which rise to immediate caustoting the underlying lost.  PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CONSEQUENCE (a) (b) (b)	Myocardial inf JENCE OF  JENCE OF		ON GIVEN IN PART 1(a)		IMATE INTERVAL DASET AND DEATH
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	YES	hand hand	2Db. IF YES, WERE FINDIN CAUSES OF DEATH?		ERTIFYING
OR CONTRIBUTING CAU	USE OF DEATH HOUR A.M. Month D	ay Yeor		e of injury in Part 1 or Pai		
While Not while at wark of work  22a. I certify that saw the dece	21e. PLACE OF INJURY (AT HOME, FARR OFFICE BUILDING AT (I) (this hospital) attended the eased alive on_d above, (I) (we) (did) (did not) v	iew the body after deoth.	(my) (aur) apinian (	death accurred an the	County  19, that e dote and haur  22c. DATE SIGNED	State t (I) (we) lo and fram th
22d. PHYSICIAN'S NAME (Type)			ADDRESS		- 0	/2
23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR	23b. DATE 380, 69 23c.	NAME OF CEMETERY OF CREMATOR  ADDRESS	250. REC'D BY REGI	Balton (City of Town)	COUNTY) RAR'S SIGNATURE	(State)

V0 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 3 6 5 4
NX I	It	tem7 FilmG412 5/12/69 kk CERTIFICATE OF DEATH
€ = 5		PECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Month Doy Yeor Month Doy Yeor
er death. funeral 1 and 2 er death.		John C. 11/50h mar 30 69 10 pm
after ne fu ne fu offer	3. SE	lost birthdoy) MONTHS DAYS HOURS MIN.
urs treat	70. 1	BIRTHPLACE (State or foreign 1/b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  NIVONES DIVINORES DIV
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filled filled things	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital loc. USUAL OCCUPATION (Kind of work done loc.) INDIVITED.
with with		Mo unt Wilson Mt. Wilson State Hospital Machinist Ordinance
carefetely vector, wit	odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list. CITY OR TOWN sission) STATE  Jab. COUNTY  Month: Silver String YES NO   13d. INSIDE CITY LIMITS?  YES NO   13d. INSIDE CITY LIMITS?
and ca	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First 3815 Williams Lang Chase Mid.
n ar se radin din		Thomas C. Tilson Anna Ward
ertificate be exc physician and nen please rem naval, and in an		N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  16b. SOCIAL SECURITY NO.  17. INFORMANT John C. Jilson Address 819 Bornifant St.  77-10-430841  Records States S
certi g ph Then mave	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  APPROXIMATE INTERVAL (d. BETWEEN ONSET AND OEATH
te death cei attending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) FAR Adv. Pul. Tuberculosis 14.
attendir permit. ion, ar re		DUE TO, OR AS A CONSEQUENCE OF
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s the cian. d by l-trail		Idea to the underlying couse Due TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit purial, cremati		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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The law ratending attending has been se as the th prior ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?
ar at he	CERTII	
CIAN oital tifica d for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and caraffelely filled to by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, and in any event, within 2-froms after death	WE	While Not while (OFFICE BUILDING, ETC.
by the differ be decorated State		22a. I certify that (I) (this haspital) attended the deceased fram 12-37, 19 64, ta 3-30, 19 64, that (I) (we) last
TENE ined OR: A zuld the	A	22a. I certify that (I) (this haspital) attended the deceased fram 12-37, 19 69, ta 3-30, 19 69, that (I) (we) last saw the deceased alive an 3-30 1969, and that in (mv) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
reformable Street		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
L OIR		DEGREE PHYS. DIRECTOR
FRAI TA		NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland
S Z = =	1	
H Signature	230	D. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
70 H OT Page Of Section 10 H O	L	b. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) April 3, 1969 St. Gabriel's Cemetery Hazelton, Pennsylvania  FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE

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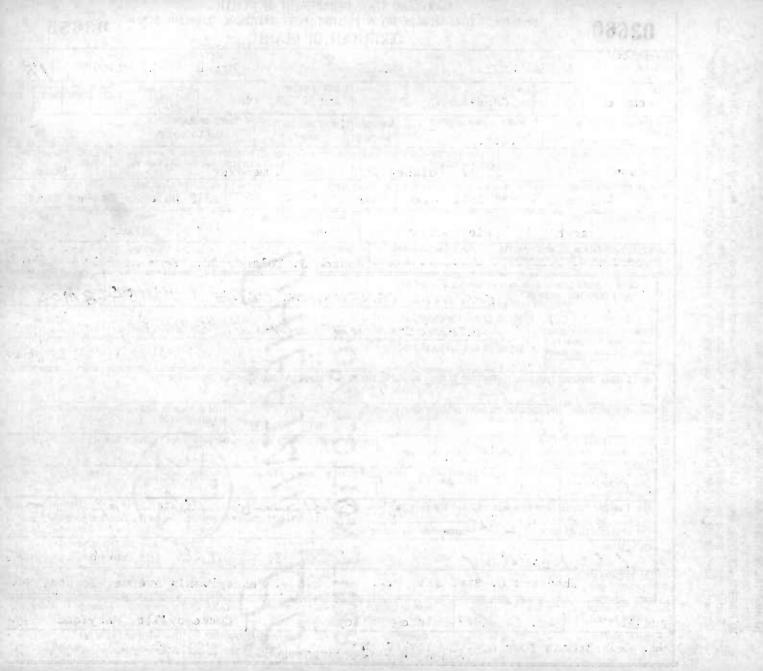
William ewcomer, M.D. Wount Wilson, Harriand

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03656 03661 CERTIFICATE OF DEATH Inst 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle (Type or print) Month Traslida C Townslev March 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX requires that the death certificate be executed within 24 haurs after last, birthday) MONTHS the attending physician and coappletely filled in by the sit permit. Then please remave carban papers. Pages Female White 1/27/21 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED I.S.A. Baltimore WIDOWED [ DIVORCED Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, eyen if retired.) INDUSTRY Housewife Baltimore Joseph 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 36 217 Blakely Rd. 13b. COUNTY YES 🗀 NO T Maryland Baltimore Towson in any Middle Last 14 FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Benjamin Adv Florence Eicholtz 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar of sqawn) (If yes give war or dates of service) William P. Townsley 4217 Blakely Ave. 21236 218-18-8029 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) miscardial DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ? burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🔲 YES 🗍 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 1968, to (like \ 28 119 6 \ , that (1) (we) lost 22a. I certify that (1) (this hospital) attended the deceased fram\_ \_19 69, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, Bel Air goundar Bonder Md. REMOVAL (Seerify) 3-19-1969 Bel Air Memorial Cem. 250 REG D BY RESISTRAND 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home 7401 Belair Road 21236 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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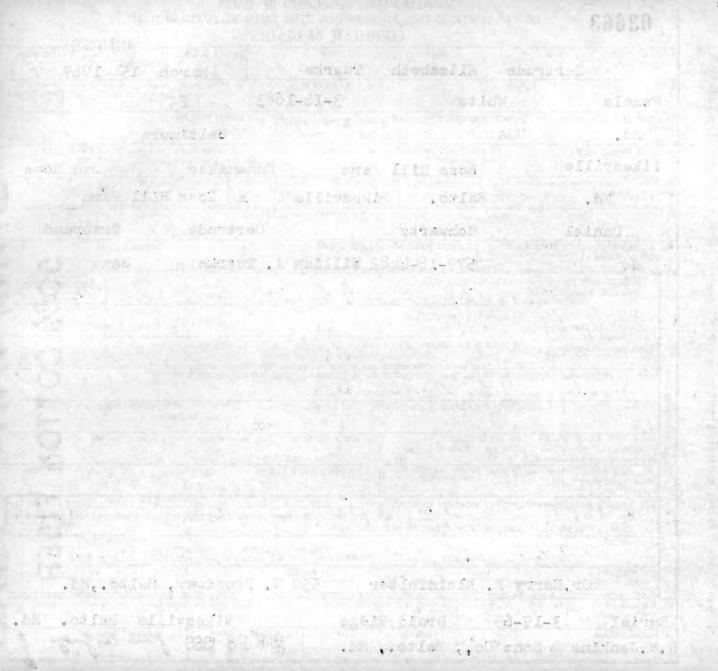
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03657 03662 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 haurs after death. (Type or print) Month THEODORE WILLIAM TRIBULL MARCH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MONTHS ! HOURS MALE CAUCASTAN OCTOBER 13 1895 73 YRS 70. 81RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ho filled in MARYLAND WIDOWED [ DIVORCED BALITIMORE USA 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

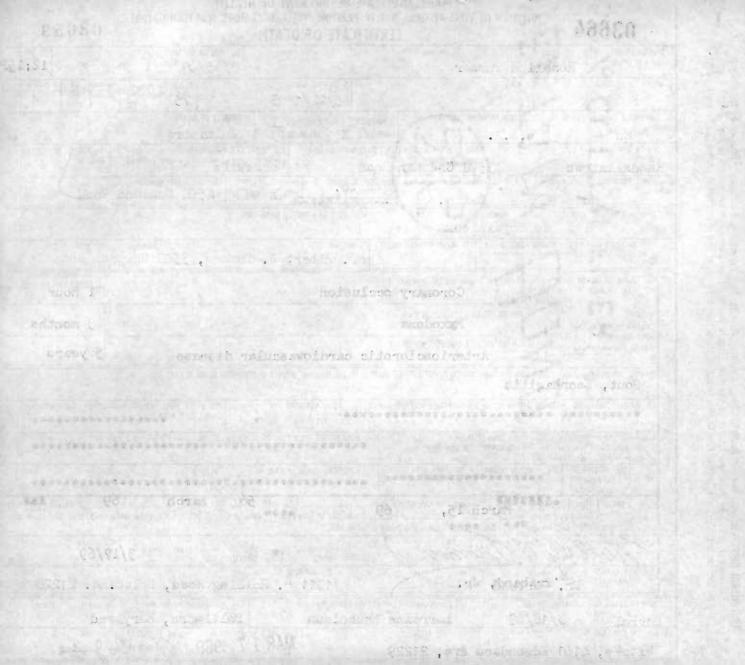
HOSPITAL 12b. KIND OF BUSINESS OR during most of working life, even if retired.) rsictan and campletely f please remave carban FORT HOWARD VETERANS ADMINISTRATION crematian, or remaval, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed BATTIMORE MARY LAND YES 3632 FREDERICK AVENUE BALTIMORE 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First REINHOLT TRIBULL. ELIZBETH REICHSTEIN physician certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no, or unknown) (II yes give war or dates of service) 220 05 0619 CLINICAL RECORDS, VA HOSPITAL. FT HOWARD 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY UREMTA IMMEDIATE CAUSE (o) DUE TO, OR AS CHRONIC OARTERIOLAR NEPHROSCLEROSIS Conditions, if ony, which gove ) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) far use as the b f Health priar ta b ARTERIOSCLEROSIS, GENERALIZED TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO | YES OR ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING ( CAUSE OF DEATH Month Doy Year HOUR A.M. be detached for State Dept. of H If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while 22a. I certify that (X (this haspital) attended the deceased fram 1/7/69 n\_\_\_1/7/69 , 19\_\_\_\_, ta\_\_3/9/69 , 19\_\_\_\_, that 💥 (we) last , and that inXXXX (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 3/9/69 19 , and that causes stated abave, (\( \) (we) (did) \( \) (view the bady after death. director, page 3 shauld shauld be filed with the be retained 22b. SIGNATURE 22c. DATE SIGNED 3 9 69 COCCREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MADHAV D. BARHANPURKAR, M.D. VA HOSPITAL, FORT HOWARD. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) BUTTH (pecify) March 12.1969 Baltimore National Cemetery Baltimore. Maryland 3512 Frederick Aveo. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE MAR 13 Williams of Joseph Balto, Md. TRUMAN SCHWAB FUNERAL HOME

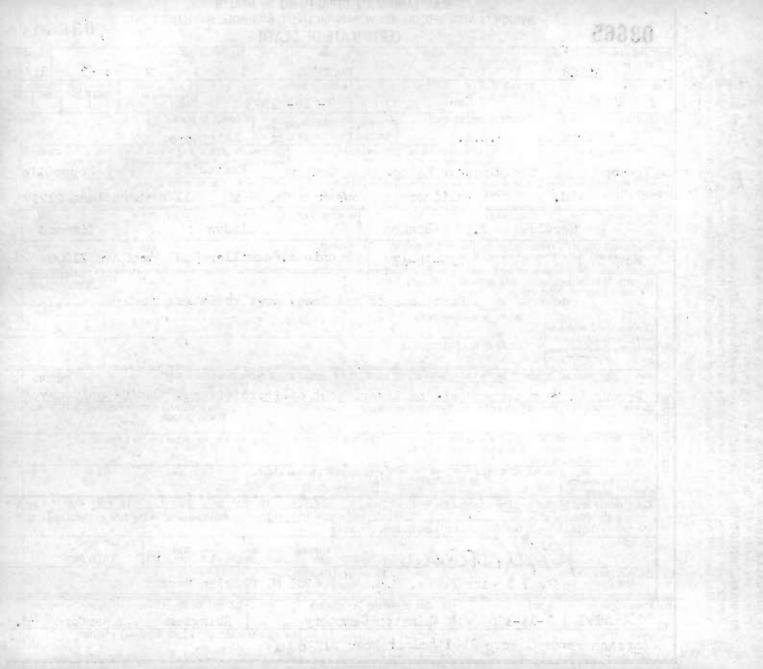
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MARTLAND STATE DEPARTMENT OF HEALTH









MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03661 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) 3 to Page ANTON VYSKOCIL 3/17/69 19 to DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD pup PM3. 72 male white 2/1/97 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office along with form New York Baltimore WIDOWED X DIVORCED [ Give Pages 10. CITY OR TOWN OF STATH
HES ACO PARK 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if refired.) INDUSTRY
Restaurant Own Business Choptank Ave. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md HESALO PARK 13b. COUNTY Balto Box 13, Choptank Ave. and 2 after 14 FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME Joseph Vvskoci l Frances Prochaska should be forwarded to the Chief Medical Examiner's pages hours 21213 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yes give war or dates of service) 18-32-1704 (Yes. no. or unknown) Marie Bowman, dght, 3517 Kentucky Ave within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond/(c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 pe 21. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection -Inquiry 1 ond in my apinian Natural causes Suicide \_\_\_\_ death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Melvin B. 5 moy ro FUNE Health 800 HOCNINGAPORESS(StraPity, town Dr souply) DALE MD21222 NAME (Type) 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Holy Redeemer Cemetery Burial Baltimore. 24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Legge Eng VR A15ME (5) 3331 Brehms Lane 10M REV. 1/68

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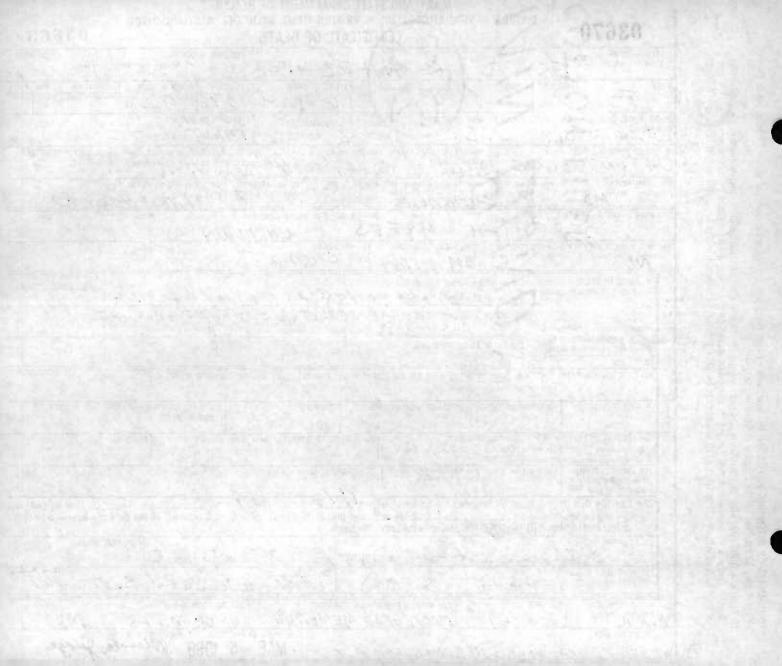
4 1	03667  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  O 3 6 6 2  CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 3 Month 14 Day 69 ear M
rs after	3. SEX  4. RACE  5. DATE OF BIRTH  Sept. 18 90  6. AGE (In yeors   1F UNDER 1 YEAR   1F UNDER 24 HRS.    Industry 1 year   15 UNDER 24 HRS.    To. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MADDIED   NEVED MADDIED   9. COUNTY OF DEATH
in 24 hour illed in b papers.	COUNTY) PENNA. U.S.A WIDOWED DIVORCED BAITINGE Md.
within 2 bon pap within	10. CITY OR TOWN OF DEATH PIKESVILLE  11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast af warking life, even if retired.)  12d. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast af warking life, even if retired.)
retificate be executed within 24 physician and completely filled en pleose remove carbon pape oval, and in ony event, within 7.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) STATE 4d 13b. COUNTY / To CATONS NITE 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?
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at the death ce the attending nsit permit. The motion, or rem	18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause  (b) To OR AS A CONSEQUENCE OF  (c) Conditions of any one cause per line for (g), (b), and (c).  DUE TO, OR AS A CONSEQUENCE OF  (b) To Conditions of any one cause per line for (g), (b), and (c).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  DUE TO, OR AS A CONSEQUENCE OF  (b) To Condition of the condition
The law requires the ottending physician. hos been signed by se as the buriol-troith prior to buriol, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The land of the content of the conte	YES NO CAUSES OF DEATH?
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G PHYSICIAN the hospital this certifical detached for	While Not while of wark of wark of wark
TENDIN ined by OR: After ould be	22a. I certify that (I) (this haspital) attended the deceosed from
OR DIRE	22b. SIGNATURE  22b. SIGNATURE  ATTENDING  PHYS.  DEGREE  ATTENDING  PHYS.  DIRECTOR  PHYS.  22c. DATE SIGNED  22c. DATE SIGNED
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog shauld be fi	NAME (Type)  230. BÜRIAL, CREMATION, 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify) 2 7 7 6 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
VR A19(4)	24. FUNERAL DIRECTOR  E.S. Mae Nabl 301 Frederick Rd DARE'AR 18 1969 (Charles Union)  DARE'AR 18 1969 (Charles Union)

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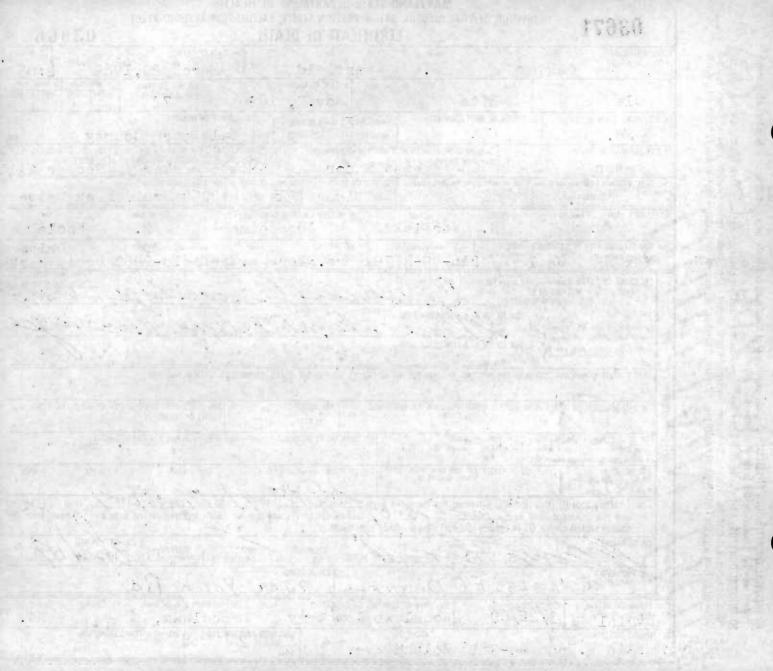
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-	1	03668	DIVISION OF VITAL RECORDS	CERTIFICATE OF DEATH	MORE, MARYLAND 21201 03663
eath.	eral and 2 leath.	I. DECEASED-NAME Fin (Type or print) Max	st Middle rgaret L.	lost Walsh	20. DATE OF DEATH 2b. HOUR 2c. 0.
24 haurs after death	the fun iges 1 s-offer o	3. SEX Female	4. RACE White	S. DATE OF BIRTH Nov. 22, 188	6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
4 haurs	in by ers. Po 72 haur	7a. BIRTHPLACE (State or fareign country) Balto. Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore
within ban bo within		10. CITY OR TOWN OF DEATH  Towson	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital Nursing Home  12a. USUAI during ma	L OCCUPATION (Kind of work done industry like to include the control of Business OR industry
		13a. USUAL RESIDENCE (Where dece admission) STATE Md.	eased liver, if institution: Residence before	Balto. 13d. INSIDE CITY LIM  PES NO	
be exe	e rema	14. FATHER'S NAME First  James	Middle Last  J Wals	1s. MOTHER'S MAIDEN NAME Fir Brig	
ificate hysician n please ral, and	hysiciar n pleas val, and	160. WAS DECEASED EVER IN U.S. A Yes, no or unknown) (If yes giv	RMED FORCES?  war or dates of service)  16b. SOCIAL SECURITY 216-10-7		Address sh 1205 Regester Ave
requires that the death ce ig physician.	n signed by the attending physician and ke e burial-transit permit. Then please rema a burial, crematian, ar remaval, and in any	Conditions, if ony, which gov rise to immediate cause (a) stating the underlying caus last.  PART 2. OTHER SIGNIFICANT C	DIATE CAUSE (a)	erteriosefer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DIDNITION GIVEN IN PART 1(0)
: The law ar attendin	certificate has been hed for use as the ot. of Health priar ta	19a. DATE OF OPERATION 19	b. Condition for which operation was f	YES NO IF	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN ospital	certifica hed for ot. of He	OR CONTRIBUTING CAUSE OF D	HOUR A.M. Manth Doy Yeo P.M.	r 19 21f. LOCATION Street or R.F.D. No.	City or Town County State
he h	TO FUNERAL DIRECTOR: After this certical director, page 3 shauld be detached shauld be filed with the State Dept. or	at wark at wark  220. I certify that (I) (saw the deceased causes stated aba		sed from	S, ta March 2219 6 9, that (1) (week to lian death accurred on the date and hour and from the late of the late signed and from the late of the late
<b>TO HOS</b> Page 4	TO FUNI directo	23a. BURIAL, CREMATION, 23B. REMOVAL (Specify)	23c. NAME OF Cat	CEMETERY OR CREMATORY	23d. (OgaTION (City or Town) (County) (Stote) Balto. Balto. Md
	VR A13 44 45M -	24. FUNERAL DIRECTOR  Mitchell Wiede:	feld Home 6500 York		REGISTRAR 256 REGISTRAR SIGNATURE 8 1969

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6		Oncho D	IVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
f -		03670		CERTIFICATE OF DEATH		03665
deoth.		ECEASED-NAME Type or print) BES	SCE R	WAPE Hime 20	DATE OF DEATH  Month 2 Day 6	9 Yeor 3 35 p. M
the fu	3. 5	7	4. RACE	S. DATE OF BIRTH GAPTIL 12	6. AGE (In years IF U last birthday) YRS.	UNDER 1 YEAR IF UNDER 24 HRS.
24 hou ed in by ppers	20	ESTLINSTERUN	CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED 7	UNITY OF DEATH PATILORE	Md.
executed within 24 had campletely filled in any eyent, within 72 had	C	ATONSVILL	give street address)	NURS, Hoad during most of		2b. KIND OF BUSINESS OR INDUSTRY
nnd comple	odn	(1)	13b. COUNTY CATONS VILLA	YES NO	130. STREET AND NUMBER 5027WEST HILL	es RD
on and street	L	FATHER'S NAME First	Middle Lost	0/1/////	Middle W/N	Lost
ertificat physicie en plec oval, ar		. WAS DECEASED EVER IN U.S. ARMED Yes, no. grunknown) (If yes give war or	dates of senure)	17. INFORMANT CHART	Address	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.  D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please ramon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours offer death		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	CAUSE (a) PAPOXY S DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	MALATRIAL TAC CONGESTINE H	EART FRICURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4: The law requires the or attending physicion. The hos been signed by use as the burial-traisolth prior to buriol, cre	CERTIFICATION		ONS <u>CONTRIBUTING TO DEATH</u> BUT I		20b. IF YES, WERE FINDINGS CONSIDERALLS OF DEATH?	DERED IN CERTIFYING
ICIAN: The option of the of th	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Yeo P.M.	YES NO 21c. HOW INJURY OCCURRED (Enter notus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.)
JING PHYSICIAN by the hospital fler this certifica be detached for State Dept. of He	ME	21d. INJURY OCCURRED 21e. PLA While Not while of work		ACTORY.) 21f. LOCATION Street or R.F.D. No.		ounty State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt		22a. I certify that (I) (this h saw the deceased olive causes stated abave, (I	on	sed fram	to 3/2, 19/6 death occurred on the dote o	9, that (1) (we) last and have and from the
OR ATTENI be retoined DIRECTOR: A ge 3 shauld led with the		22b. SIGNATURE & Ko	and Fr	MED. DIRECTO	STAFF 22c. DATE	SIGNED
ro Hospital Page 4 may o Funeral I director, pog should be fill	-	22d. PHYSICIAN'S NAME (Type)		Mil 22e. ADDRESS 1801 Fres		There led
TO HC Page TO FU direct shou	1	BURIAL, CREMATION, 23b. DATE 7.REMOYAL (Specify) 3-3		HEAD MEMORIAL U	WION MILLS	ounty) (Stote)
VR A15 45M - 1 1990			MESSILEDMOND	1 144 0 7	1969 Cliarles	Judge



MARYLAND STATE DEPARTMENT OF HEALTH



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ľ	3. SE		4. RACE		S. DATE O		6. AGE (In years last birthday)	MONTHS DAYS HO	UNDER 24 HRS. DURS MIN
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	o. E	IRTHPLACE (Stote or foreign try)  Maryland	7b. CITIZEN OF WHAT		MARRIED MEVER	MAKKIEU	Baltimore		
ŀ	0. C	TY OR TOWN OF DEATH	11, NAMI	OF HOSPITAL OR INSTIT	TUTION (If nat in haspi	al 12a, USUAL OC	CUPATION (Kind of wark dane	B 12b, KIND OF BUS	INESS OR
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		USUAL RESIDENCE (Where decer	1 101 COUNTY		3c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO.	13e. STREET AND NUMBER		- 1
ŀ	14 5	Maryland  ATHER'S NAME First	Middle	alto. F	arkville		7709 Old Hai		
ı	14. F	Bazil	Middle S	Wellener	15. MOINER	s MAIDEN NAME First Kate		Hamil:	Last
ł	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 116	b. SOCIAL SECURITY NO.	17. INFORMANT		Address	панц І.	1
ı	y.	SS, na, or unknown) (If yes give	war or dates of service)	212-01-052		cace G Well	ener Sam	0	
F		18. CAUSE OF DEATH (Enter of						APPROXIMATE	INTERVAL
1		PART I. DEATH WAS CAUS	ED BY:	d to d the	MYDO	DONIAL	INFARCT	GETWEEN ONSET	AND DEATH
ı		11100 IMMED	mire chose (0)		110100	TRUITE	10/11/10/	11100	11
ł		7/07	DUE TO, OR AS	CONSEQUENCE OF	011 1		001-0-0	1-15	
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1		stoting the underlying couse	DUC TO OR 40	A CONSEQUENCE OF				The second	
1		last.	(c)						
1	9	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE TERM	MINAL DISEASE ORCONDI	TION GIVEN IN PART 1(a)		
1	NO						distribution of the second		
	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED 20a. /	UTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTI	IFYING
	E					□ NO □			
		21o. ACCIDENT WAS UNDERLY			21c. HOW INJURY	OCCURRED (Enter note	ure of injury in Port 1 or Part 2	2, Item 18.)	
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M.	Manth Day Year					
1		21d. INJURY OCCURRED 216	PLACE OF INJURY (AT		21f. LOCATION	Street ar R.F.D. Na.	City ar Tawn	Caunty	Stote
1		While Nat while ot work	( OF	FICE BUILDING, ETC.					
		22a. I certify that (I) (t	i de de de de la constante de	and the decorred	from .5//-	2 1947	to 3/17 1	962, that (1)	( la
1		saw the deceased	dive on 3	10	and that in	(my) (my) opinion	death accurred an the c	dote and hour and	d from the
		1 1 1	re (I) ( a) mid (di	d not) view the ba	dy after death.	(,) (00.) opinion	assert weedings will find t	a di	
		causes stated abay			6		220	c. DATE SIGNED	
		22b. SIGNATURE	( ) (	111					
			· Hursol	Cold m	DEGREE PHY	NDING MED.	OR PHYS 3	5/18/1	469
		22b. SIGNATURE	· Hirsel	fold m	W DEGREE PHY	NDING MED. DIRECTI ADDRESS	OR PHYS.	3/18/19	969
		22b. SIGNATURE / Clase H	· Hirsel		DEGREE PHY	ADDRESS DIRECT		3/18/19	969
	220	22b. SIGNATURE  The first of th	H Herschf	eld M.D.	DEGREE PHY: 22e. 6	ADDRESS 919 Harford	d Rd Baltimore		(Stote)
	23a.	22b. SIGNATURE  The first of th	H Herschf	eld M.D.	DEGREE PHY: 22e. 6	ADDRESS 919 Harford (Y)   236	d Rd Baltimore	(County) (	(Stote)
		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, 23b.	H Herschf	eld M.D.	DEGREE PHY: 22e. 6	ADDRESS 919 Harford (Y)   236	d Rd Baltimore  L LOCATION (City or Tawn)  Baltimore, Mar	(County) (	(Stote)

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4		03674	DIVISION OF VITAL RECORDS,		•			
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ffer fer fer	3. SI	X	4. RACE	5. DATE OF BI	IRTH	6. AGE (In years last birthday)		UNDER 24 HRS.
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hau de la	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	KIED	UNTY OF DEATH		
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within 24 within 24 oon pape within 7	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)			UPATION (Kind of work done warking life, even if retired.)	12b. KIND OF BUS	INESS OR
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nple co		ission) STATE (Where deceo	sed lived, if institution: Residence before	ESSE X	13d. INSIDE CITY LIMITS? YES NO P	13e. STREET AND NUMBER	0 =	P
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per de la constant					HUTCHIS	n .	APPROXIMATE	INTERVAL
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t the other or other	ш	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF					
hot .r y # y # onsi		rise to immediate cause (o),	(b)					
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by the hospital or attending physicion.  by the hospital or attending physicion.  fler this certificate hos been signed by the ottending-abys  be detached for use as the buriol-tronsit permit. Then physitate Dept. of Health prior to buriol, cremotion, or removal,	П	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(o)		
ng p en s ne b to b	z	Na	ne					
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ICIAN: The low repital or attending rifficote hos been of for use as the of Health prior to	CERTIFICATION		Bams rerse loto	Aound LEZ	NO 🛂	CAUSES OF DEATH?		
or ote	L CER	21a. ACCIDENT WAS UNDERLYI		21c. FIDW INJURY OCC	CURRED (Enter natu	re af injury in Part 1 or Part 2,	item 18.)	
Pitiginal Pital	MEDICAL	or CONTRIBUTING CAUSE OF DEA	ner) P.M.					
DING PHYSICIAN: I by the hospital or After this certificate be detached for the State Dept. of Heal	ME	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	TORY,) 21f. LOCATION Stree	et or R.F.D. No.	City or Tawn	County	Stote
the this detce of the De		at work ot work						
ATTENDING stained by the CTOR: Affer the should be dith the State		22o. I certify that (I) (th	is hospitol) ottended the deceas	ed from 2-10	, 19_67	, to 3 - 2,0, 19	9_69, that (1)	) (we) last
R: A Uld the	13	causes stated above	e, (I) (we) (did) (did not) view the	hody after deoth.	iy) (our) apinian	death accurred an the d	ate and havr and	d from the
ATT September 1		22b. SIGNATURE	1				DATE SIGNED	
OR be red w		heans	ldo Vruss 1	DEGREE PHYS.	NG MED.	OR PHYS.	3-20-6	9
AL D		22d. PHYSICIAN'S	- PA CO	22e. ADD		0	n n	-
SPIT MERA Or, I		NAME (Type) Le	aborno CANSS	19.1) 40	05 Her	unest Ka	Kol	
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or or FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23a.	BURIAL, CREMATION, 23b.	6/ /	CEMETERY OR CREMATORY	23d	. LDCATIDN (City or Town)	(County) (	(State)
5 <sub>5</sub> 5,2 ∞	L	REMOVAL (Specify)		LAWN		BALTA	MD.	
VRAIS ACO	24.	FUNERAL DIRECTOR	ADDRESS		2So. REC'D BY REG		S SIGNATURE	
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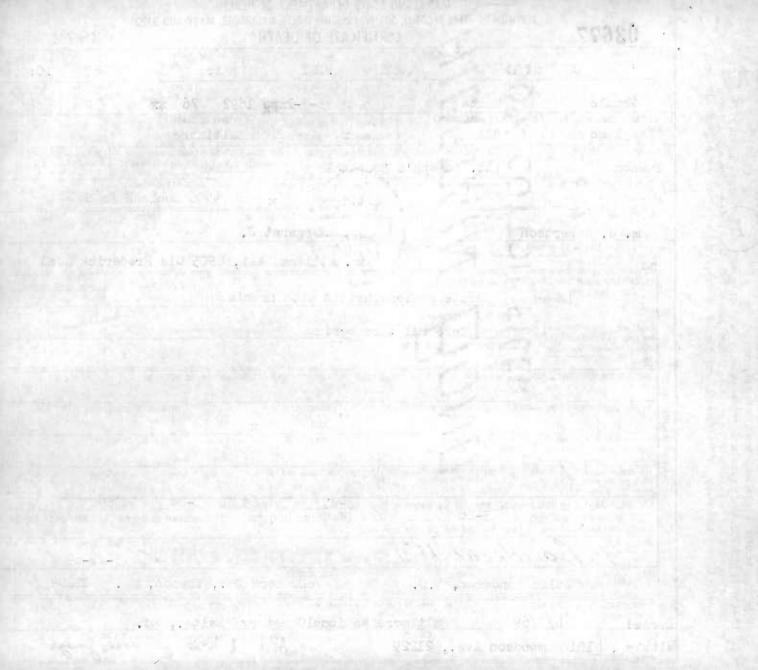
4		03675	DIVISION OF VITAL RECORDS	ND STATE DEPARTME , 301 W. PRESTON STRI CERTIFICATE OF [	EET, BALTIMOR		03670	
	(1	CEASED-NAME First (ype or print) Charl		Lost	3-	DATE OF DEATH -18-69 Month Do	y Yeor 3.	HOUR.
	3. SE	Male	4. RACE Caucasian	S. DATE OF BIR	<b>-</b> 78	6. AGE (In years less birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS.
	7o. l	BIRTHPLACE (Stote or foreign ntry)  New York	75. CITIZEN OF WHAT COUNTRY?  U . 6 . A .	8. MARRIED NEVER MARR WIDOWED NOT DIVORCE	ED   E	UNTY OF DEATH Baltimore		М
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13	13o. odm	USUAL RESIDENCE (Where deceosission) STATE Md.	ed lived, if institution: Residence before 13b. COUNTY Balto.	Towson	3d. INSIDE CITY LIMITS? YES NO X	13e. STREET AND NUMBER 336 Stevens	on La.	
1	14. [	ATHER'S NAME First McKinney	Middle Lost Wemple	IS. MOTHER'S MAI	DEN NAME First za. Jakewa	Middle	Lost	
	16o. Y	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	AED FORCES? var or dates of service) 16b. SOCIAL SECURITY 233-18-8		Wilson, j	Address 336 Stevenson		
		PART I. DEATH WAS CAUSEI	ly one couse per line for (a) (b), ond (c) BY:	Cardine .	Fraily	28,	APPROXIMATE INTER BETWEEN ONSET AND	
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		rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O	F				
	N	PART 2. OTHER SIGNIFICANT COM	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(0)		
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	MEDICAL CES	21o. ACCIDENT WAS UNDERLYIND OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination)	H HOUR A.M. Month Doy Yea	21c. HOW INJURY OCCU	JRRED (Enter notui	re of injury in Port 1 or Port 2,	Item 18.)	
	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	***	City or Town		Stote
		22a. I certify that (I) (the sow the deceased a couses stated above	is hospitel) attended the deceo live on March , s e, (I) (we) (did) (did not) view the	sed from #114 0 19 6 7, and that in ( <del>my</del> body after death.	) ( <del>our)</del> opinian	deoth occurred on the de	ote ond hour ond fro	<del>ve)</del> la om th
		22b. SIGNATURE OUTLINE	e C. Fosh M.	DEGREE ATTENDING	DIRECTO	or STAFF 22c.	DATE SIGNED / 69	
1			nce C. Post, M.D.		6805 Yor		/ /	
		BURIAL, (REMATION, 23b.	3/22/69 Gre	F CEMETERY OR CREMATORY		. LOCATION (City or Town) Wheeling, W. V		e)
	24.	FUNERAL DIRECTOR  Leonard J. R	addres		2So. REC'D BY REG	ISTRAR 2Sb. REGISTRAR'S	signature	

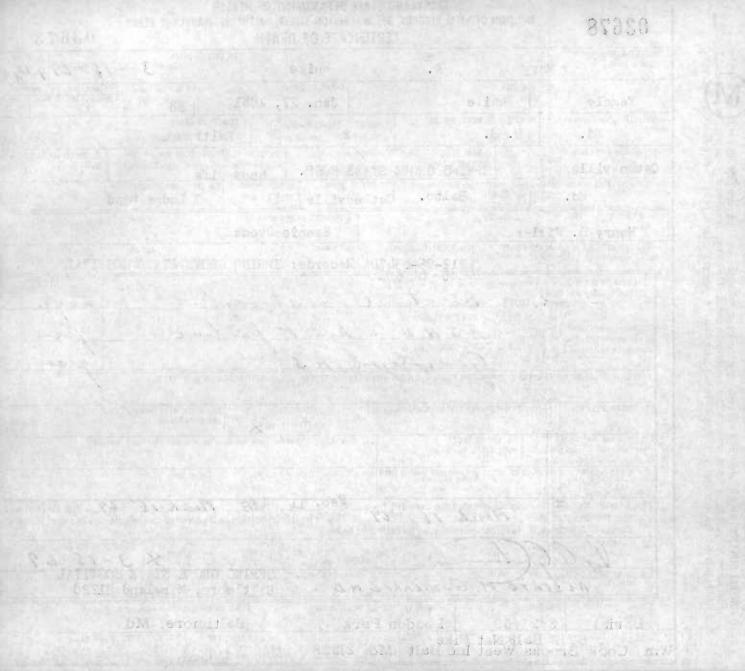
FOR STATE	036	76 DIVISION	OF VITAL R	ECORDS, 301 W CAL EXAMIN	/. PRESTON VFR'S CF	STREET, BA	LTIMORE, I	MARYL ATH	AND 2120	1		0367	1
HEALTH DEPT.	1. DECEASED-NAME	First	MEDI	Middle	TER 5 CE	Lost	- 01 01	7111	2a. DATE KN	OWNET	Month Da		2b. HOUR
	(Type or Print)	GEO	RCE	C.			SSON	- 1	OF E	TI-	monni pu	19	
T 237	3. SEX	4. RACE	S. DATE OF BI		AGE (In years	IF UNDER 1 YEAR		24 HRS.	2c. DATE PRO		FAD	17	M HOUR
y delay and 3 PM3. Pa	male	negro	3. 5.1.2 3. 5.		last birthday)	MONTHS DAYS	HOURS	MIN	Marc		FY.	Year 19 69	3 H3UR P. M
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ath ages T. ith form State De	10. CITY OR TOWN	OF DEATH	11. N	IAME OF HOSPITAL O	R INSTITUTION	(If not in hospit	ral 12a. U	SUAL OC	CUPATION (Kir			. KIND OF BUSI	
haurs after death Item 18. Give Pages T, Office alang with form Topd 2 with the State De	Towson		give Gr	street oddress Ba1	to Med	Center	during		warking life,			DUSTRY	
after 8. Giv alang alang with the		NCE (Where decease	ed lived, if instit	ution: Residence be			13d. INSIDE CITY I	IMITS?	13e. STREET A	ND NUMBER	R		
s after 18. Gi	Mary and	<b>!</b>	136. COUNTY	-	Ba1	timore	YES X N	0 🗆	1541	Broad	lway		
haurs Item 18 Office Tond 2 v	14. FATHER'S NAME	First	Middle	e / L	ast	1s. MOTHER'S N		First		Middle		Lost	
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hin 24 ncil in niner s nages habrs	16o. WAS DECEASED (Yes, ng, or upkge	VER IN U.S. ARMED F		16b. SOCIAL SECURI		INFORMANT	, _	1	-	ADDRESS			. 1
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ed in in the Fire Fire Fire Fire Fire Fire Fire Fir	18. CAUSE C	F DEATH (Enter onl	y one couse per l	line for (a), (b), and	(c).)		ALL TO			21		APPROXIMATE BETWEEN ONSET	
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exé end Me it pe	410	4	DUE TO, OR	AS A CONSEQUENCE	OF						200		
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shauld be e ne ward "per a the Chief I burial-transit	last.	,	(c)										
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	PRIMARY CAUSE OF DEA	OR CONTRIBUTING			19								
IINER: TI ne certifice shauld be files. 3 should I	21d. INJURY O	CCURRED   21e. F	LACE OF INJURY	At home, form, stree		f. LOCATION Stre	et or R.F.D. No.		City or T	own	-	County	State
DEPUTY DICAL EXAMINER: stessary, please execute the certiful formeral director. Page 4 shauld may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shou ealth priar to burial, cremation.	WHILE AT WORK	NOT WHILE TO C	tory, office building	ng, etc.)									
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necessary, it the funeral 5 may be in Fourth Health print	NAME (Type	)	-				DDRESS(Street		wn, or county)				
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MARYLAND STATE DEPARTMENT OF HEALTH

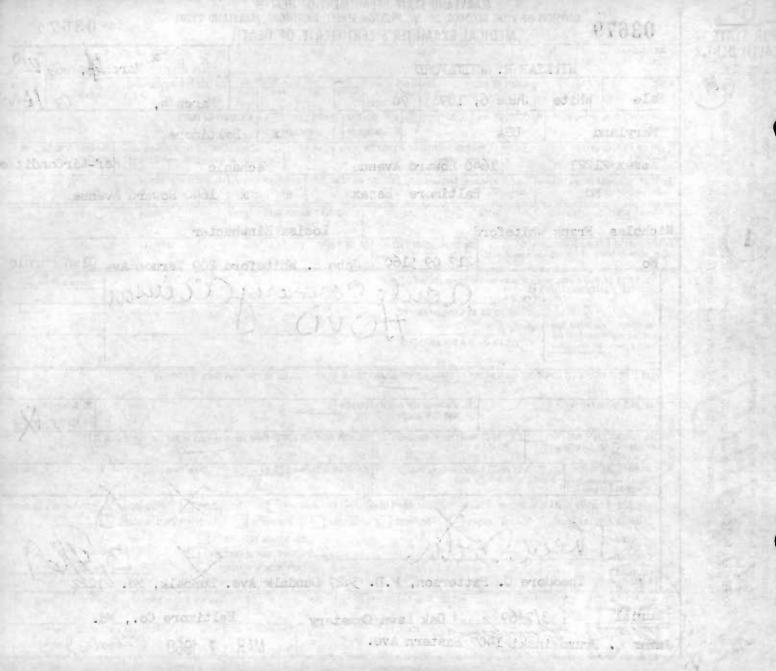
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03677 CERTIFICATE OF DEATH 03672 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) CHARLOTTE JANE Day 196 gear WEST March lease remave carbon papers. Pages I and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 7 6 st birthday) White 5-3-1-000 Female 1892 within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Countyland USA Baltimore WIDOWED X DIVORCED [ lease remave carbon pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR St. Joseph's during most of working life, even if retired.) INDUSTRY Hospital Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c. CITY OR TOWN 13e. STREET AND NUMBER be executed 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY YES NO 4506 Dunland Road Baltimore 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last Wm. H. Robertson Margaret J. requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) burial, cremation, or removal, Mr. William West, 8905 Old Frederick Road no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Acute pyelonephritis with uremia DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit Cerebral thrombosis rise to immediate cause (a). signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar this certificate has been si detached far use as the b te Dept. af Health prior ta b OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Ex 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 3 should be detached with the State Dept. of (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that \$\pmu\$ (this haspital) attended the deceased from 3-25 , 19 69 , to 3-28 , 19 69 , that (1) (we) last saw the deceased alive an 3-28 , 19 69 , and that in (my) (our) apinian deoth occurred on the date and hour and from the causes stated obave, (1) (we) (did) (did not) view the body ofter death. 19 69 , that (1) (we) last be retained 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page 3 should be filed v DEGREE 3-28-69 22d. PHYSICIAN'S 22e. ADDRESS 21204 NAME (Type) Julio Banderas, M.D. 7620 York Rd., Towson, Md. 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 4/1/69 Baltimore NationalCemetery Balto., Md. 24. FUNERAL DIRECTOR Witzke , 4101 Edmondson Ave., 21229



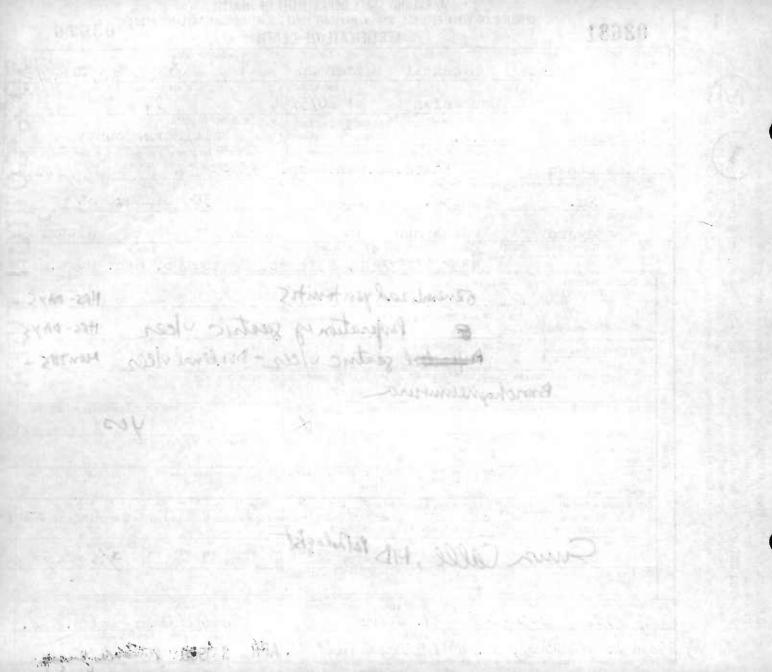


/	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	03679 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03674
HEALTH DEPT.	1 DEFFERENCE FOR THE STATE OF T	ay Year 2b. HOUR
4 -24_	(Type or Print)  OF ESTI- DEATH MATED   March	
d 3 to d 3 to Poge	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours I FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
AS AS d	Male White June 6, 1898 70 yrs. MONTHS DAYS HOURS MIN. Month March 4. Day	Year 169 / Arm
I, 2, m Pr	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
hear I, form form ote De	COUNTMATYLAND USA WIDOWED DIVORCED Baltimore  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12)	Md.
death my ve Pages 1, 2, of with form Ph	Essex 21221  The Name of Hoseria of institution (if not in mashing in mashing in the change of most of working life, even if retired.) Reserved in the change of the chang	b. KIND OF BUSINESS OR
ofter death 8. Give Pages olong with for with the Stote	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1-111 001101010
hours ofter fem 18. Giv Office olong ond 2 with frer death.	odmission) STATE Md   13b. COUNTY Baltimore   Essex   YES   NO K   1640 Howard Av	enue
hours Hem 18 Office Tond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	Nicholas Frank Whiteford Louisa Einwhacter	
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service)	07 5
Exa Exa File	No   217 09 5100   John E. Whiteford 209 Vernon Ave	Glen Burnie
be executed "pending" in nief Medical E onsit permit. P event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Med Med perr	1410 9 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief buriol-tronsit	Canditions, if any, which gave	
should e word the Chouriol-tro	nise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho ne w no th burit	last. (c)	
ER: This certificate should be executed within certificate, writing the word "pending" in penerit ould be forworded to the Chief Medical Examines. hould be used as a buriol-tronsit permit. File pagion, or removol, and in ony event within 72 hou	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certificate, writing the control of the control	P 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce for e for remo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	YES NO
4 _ 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY   OR CONTRIBUTING   HOUR A.M.	18.)
INER: Tiles certifice should be files. 3 should laboured in the should laboured labo	CAUSE OF DEATH P.M. 19	
KAMINER: te the certified to the should spour files. oge 3 should cremotion,	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, farm, street, while   NOT WHILE   NOT WHILE   factory, office building, etc.)   21f. LOCATION Street   2	County State
	AT WORK AT WORK	8
ICAL Estectutor. Page ed for CTOR: Puriol,	22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner	ond in my opinion
JICA pleose ex director. etained to DIRECTO	CHIEF MEDICAL EXAMINER	١ /
JIY DICK.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE	SNAPONINI Q
DEPUTY tesssory, e funero may be FUNERA	FYAMINER'S  DEPUTY MEDICAL EXAMINER	17/01
TO DEPUTY necessory, if the funeral is may be reformed to Funeral Health price	NAME (Type) Theodore C. Patterson, M.D. 3427 Dandalket Avey Dandalk, Md. A	1222
10 Te He	REMOVAL (Specify)	Caunty) (State)
	24. FUND DIRECTOR ) 25b. REGISTRARS SIG	
VR A15ME (5) 10M REV. 1/68	James E. Bruzdzinski 1407 Eastern Ave. DATE MAR 7 1969 JCha	
10W KEY. 1700		



1	03680 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Them#13 Fi3mGlino 3/21/69 km CERTIFICATE OF DEATH	03675
2 021	Item#11, FilmG410 3/24/69 km CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
r deoth.	(Type or print) Susie E. Existe Wible March Month 16. Doy	1969 M
after of fundamental		NDER 1 YEAR IF UNDER 24 HRS.
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To See See See See See See See See See Se	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)	
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within tely fille bon par	Arbutus give street address) Circle Drive during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
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rrificate b	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT LangleyBiscoe 1147 Circle Drive	e, Baltimore,
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fungral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Edges 7 and 2 should be filed with the State Dept. af Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH VICE
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ICIAN: pital or rificate d for u	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 3 (If either, natify medical examiner) 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 21d. INJURY OCCURRED (Enter nat	18.)
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L OR A be reto DIRECT DIRECT Sign 3 sh	226. SIGNATURE PLASS PLASS MAD DEGREE ATTENDING MED. STAFF PHYS. DEGREE PHYS. DEGRE	SIGNED -16-69
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death. neral and 2 death.	1. DECEASED-NAME First (Type ar print) ALICE	Middle G.	lost WIELAND	20. DATE OF DEATH March Manth 1969	Year 2b. HOUR
after by a differ s after s after	3. SEX Female	4. RACE White	S. DATE OF BIRTH 10-5-1891	6. AGE (In years last birthday) 77 YRS.	IF UNDER I YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 haur	7a. BIRTHPLACE (State or foreign country)  Maryland	U.S.A.	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	
within 24 ely filled ban pape	10. CITY OR TOWN OF DEATH  Arbutus	11. NAME OF HOSPITAL OR INS give-street address 5524 Carvil	TITUTION (If nat in haspital le Avenue la during n	JAL OCCUPATION (Kind of work done nost of working life, even if retired.)  Housewife	12b. KIND OF BUSINESS OR INDUSTRY
and campletely remark carbon in any event, with	13a. USUAL RESIDENCE (Where deceased admission) STATE Maryland	lived, if institution: Residence before 13b. COUNTY  Baltimore	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS?   13e. STREET AND NUMBER   10   5524 Carvill	e Avenue
	14. FATHER'S NAME First	Middle Last yn Hudgins	IS. MOTHER'S MAIDEN NAME	First Middle	Last
ertificate be exemple of the physician and one please reminoval, and in any	16a. WAS DECEASED EVER IN U.S. ARMED Yes, ag. ar unknawn) (If yes give war a	FORCES? 16b. SOCIAL SECURITY N 213-10-04	IO. 17. INFORMANT	Daniel, 169 Oakle	e Village
equires that the death certific physician. Signed by the attending physburial-transit permit. Then pourial, crematian, ar removal,	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause last.	CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)		Hamplage ncho prem	APPROXIMATE INTERVAL BETWEEN CHOSET AND DEATH  WORK AND DEATH
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	G CAUSE OF DEATH			I   er nature of injury in Part 1 ar Part 2, It	em 18.)
	While Not while at wark		d from		County State
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac shauld be filed with the State Dep	saw the deceased olive causes stated above,	on 3/1/19 (we) (did) (did nat) view the b	d fram 7, 1929, ond that in (my) (our) op bady after death.		
y be ret y be ret DIREC age 3 s filed wii	22d. PHYSICIAN'S	Brulene	DEGREE PHYS.  22e. ADDRESS	MED. STAFF 22c. D. STAFF 3	ATE SIGNED 69
ro Hospital of Page 4 may be fo FuneRal DIR director, page 3 shauld be filed	NAME (Type) Dr. B:	ruce Brumbaugh	5609 Main	Street, Elkridge	
TO HO Page TO FUN direct			EMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City or Town)  Baltimore, Mary 1  BY REGISTRAR 25b. REGISTRAR'S S	
VR A15	Howard H. Hubbard			D 4 0	wes Judge

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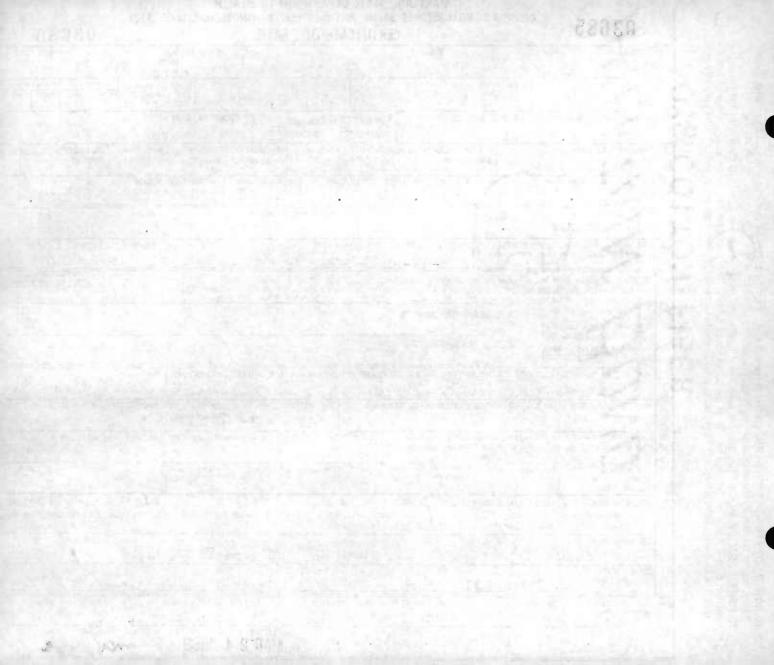
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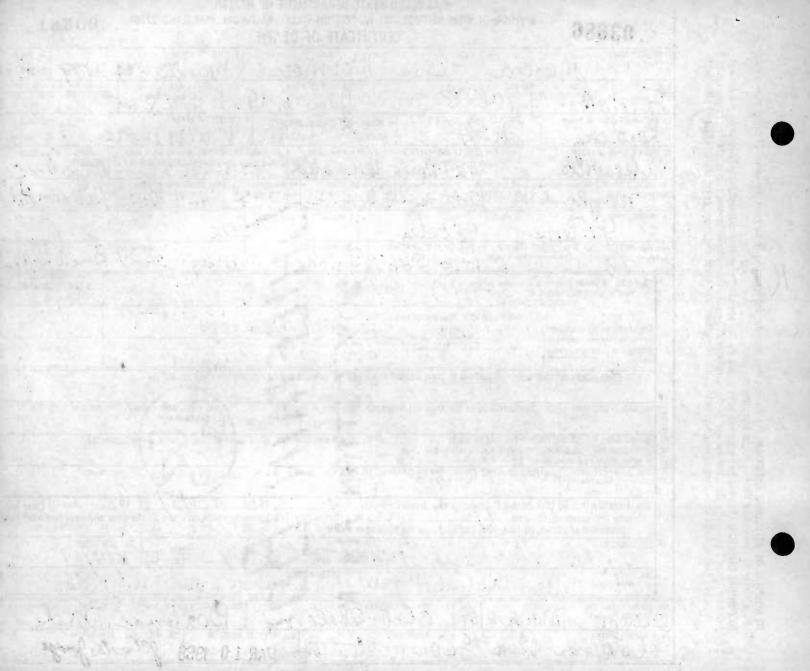
				MARYLAN	D STATE	DEPARTMEN	IT OF HEAL	.TH			
	03	684	DIVISION OF	VITAL RECORDS,				RE, MARY	LAND 21201		
Т	170	003			CERTIFICA	ATE OF DE	EATH			036	70
1.	DECEASED		rst	Middle		Lost	20.	. DATE OF DE			25 HOUR
	(Type or	Jos	seph	R.	¥	indsor	0.519	Mar	ch 6,	1969 Yeor	2.40
3.	SEX	ALTRUM	4. RACE			. DATE OF BIRTH		4	ACE (In woods	IF UNDER 1 YEAR	IF UNDER 24 HRS
L		male	W	hite		April 23	, 1901		lost birthdoy)	RS. MONTHS DAYS	HDURS MIN
70	a. BIRTHPL	ICE (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. 00	UNTY OF DE			
L		N. C.		U.S.	WIDOWED			Baltim			M
10		TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	STITUTION (If not	in hospitol	120. USUAL OCC	CUPATION (K	ind of work don	12b. KIND O	F BUSINESS OR
L		onsville	SP	street oddress) RING GROVE	STATE		seama	n working life	e, even if retired	I.) INDUSTRY	
00	lo. USUAL Imission)	RESIDENCE (Where dece STATE Md.	eosed lived, if institut 136. COUNTY	ion: Residence before	Balto	OWN 13d.	S NO	13e. STREE 32.	T AND NUMBER 10 Wind:	sor Aven	10
14	FATHER'S		Middle	Lost	15.	MOTHER'S MAIDE			Middle		Lost
			Windsor			Mc La	ine Win	dsor			
10		CEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY N	10	ORMANT			Address		9 -
	,,			154-10-84	Of Rec	ords: S	PRING G	ROVE	STATE HO		
	18. CA	USE OF DEATH (Enter	only one couse per li	ne for (o), (b), ond (c).	)		2, 300			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
L	,	IMME		rterioscle	rotic	ardiova	scular	disea	se with		
	dans	-109		vocardial S A CONSEQUENCE OF			barmons	rry enn	DOTAS		
	Conditi	ons, if ony, which gov immediote couse (o	(b)	erebrovasc	ular ac	cident					
	stoting	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
П	last.		(-)								
L		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  Aspiration pneumonia; by history: Severe Decubitus ulcers.									
NO	ASP	~		ICH OPERATION WAS PER							
FICAT	3 170. DA	IL OF OPERATION 17	B. CONDITION FOR WITH	ICH OPERATION WAS PEN	Krukmeu	20o. AUTOPSY?		CAUSES OF		S CONSIDERED IN (	ERIIFYING
CEPTIEICATION	21o. A0	CIDENT WAS UNDERLY	(ING 21b. TIME OF	INTIRY	216 HOV	YES	NO X	re of injury is	n Port 1 or Port	2 Itam 101	
		NTRIBUTING TO CAUSE DE O	EATH HOUR A.M.	Month Doy Yeor		T INJUNT OCCURR	co (cinei noisi	ie or injury ii	II FOR I OF POR	z, nem ro.)	
MEDICAL	21d. IN	JURY OCCURRED 21	miner) P.M.	19 AT HDME, FARM, STREET, FAC	TDRY.) 21f LOC	ATION Street or	RED No	City or	Town	County	Stote
	While at work	Not while of work		OFFICE BUILDING, ETC.	1 211. 100	1110/1 311001 01	Kar.D. Hu.	City Of	10411	County	21018
1	22g.	certify that (the	this haspital) atte	ended the decease	d from	an. 26	19 61	to Mai	rch 6	19 69 that	(1) (wan law
	S	22a. I certify that (1x (this haspital) attended the deceased from Jan. 20, 19, 61, to March 6, 19, 69, that (1) (with last saw the deceased alive an March 6, 19, 69, and that in (my) (30) apinion death occurred on the date and hour and from the causes stated above, (1) (30) (did) (30) (iii) (30)									
director, page 3 should be detoched for use as the burial-tron should be filed with the State Dept. of Health prior to burial, crer		ansesistated and	ve, (I) (We) (did)	(Nice That) view the l	bady after de	ath.		ON LIN		4	
	22b. SIC	NATURY C	CKI	11.	Branco	ATTENDING	MED.	C S	TAFF 22	3-6-69	
	224 DI	TYSICIAN'S			DEGREE	11113.	COO TNO		H12.	to the state of th	
		MAE /Tump)	fael W M	arin, M.D.		ZZe. ADDRESS			STATE   Marvlan	HOSPITAL	
23	lo BIIRIAI		DAJE /	23c. NAME OF (	CEMETERY OF C	PEMATORY			(City or Town)	_(County)	(ctata)
13	REMOV		3/14/69	ST.	JOhns	Cery	230.		COTTC	7	(Stote)
24	. FUNERAL	DIRECTOR		ADDRESS	10		. REC'D BY REGI		25b. REGISTRA	111111	112
	E. R	Me Mad	-b- =	301 Fryoler	roll de	DA.	MUH	0 196	9	milk Duran	7

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Child Services Size		d, it, seems in the	
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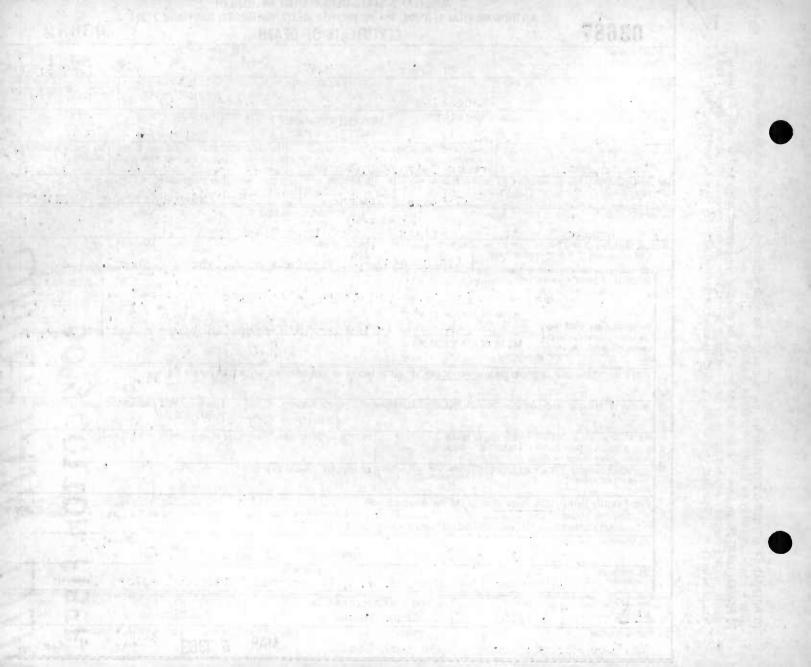
1	03685  MARYLAND STATE DEPARIMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH				03680	
		CEASED-NAME First Ype or print) Ed W	st Middle Jard NMN	lost Woodall	2a. DATE OF DEATH Month Day March 21	Day Yeor 2b. HOUR 2b. HOUR 2c. DATE SIGNED 2c. DATE SIGNED 2c. DATE SIGNED 2c. HOUR 2d HRS. Min. Md. Md. Md. Md. Md. Md. Md. Md. Md. Md
	3. SE	Male	4. RACE White	S. DATE OF BIRTH June 2,	1880 6. AGE (In years last birthday)	
	cour	Balto. Md.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Baltimore	Md.
5		ITY OR TOWN OF DEATH Randallstow	give street oddress) BC	GH during	SUAL OCCUPATION (Kind of work done mast af working life, even if retired.)	
23	admi	ssion) STATE Md.	ased lived, if institution: Residence before 13b. COUNTY Balto.	Balto. YES	NOM 728 Milford	
/	M	ATHER'S NAME m First /illia阿爾爾爾里森文			Mary E.	Hooper
	160. Y	WAS DECEASED EVER IN U.S. AF es, na, or unknown)   Ilf yes give   D O	numer or dates of comics)		Address Li odall 8 Nightingale	Way 21093
		PART 1. DEATH WAS CAUS IMMED Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERMINAL DISEASE	DRCONDITION GIVEN IN PART 1(a) Sevene Clerous	C
2	CERTIFICATION	19a, DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
	A	THING HULL WILLIE	EATH HOUR A.M. Month Doy Yeo	19	nter nature of injury in Part 1 ar Part 2, 1  No. City or Town	
		220. I certify that (1) (to saw the deceased causes stoted abar	this haspital) attended the deceo alive on 3 - 2 - 2 ve, (1) (we) (did) (did nat) view the	1969, and that in (my) (our)	opinion deoth occurred on the dat	te and hour and fram the
1		22d. PHYSICIAN'S NAME (Type)	VIlle Coue Cesar Valle Cavero	DEGREE ATTENDING PHYS.  22e. ADDRESS  8620 Jah	MED. STAFF 22. 1	-27-69
	230.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL (Specify)	23c. NAME 01 24/1969 Mt. 03	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Baltimore, Mary	(County) (State)
R	24	FUNERAL DIRECTOR	tz 5209 York Rd. Be	Salto. Md. 25a. REC	D BY REGISTRAR 2Sb. REGISTRAR'S R 2 4 1969	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03681 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2n. DATE OF DEATH death. requires that the depth sectificate be executed within 24 hours after death physician and completely filled in by the funeral ren please remove carban papers. Pages I and aval. and in any event, within 72 but after death (Type or print) DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last, birthday) DAYS MONTHS HOURS YRS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF 8. MARRIED NEVER MARRIED coudtry) DIVORCED T 12a, USUAL OCCUPATION (Kind of work done 10. CHY OR TOWN OF DEAT 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME FIRM Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 1Z-INFORMANT Address Yes, na. or unknown) (If yes give war or dates of species) attending prop crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause lost. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been use as the priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F directar, page 3 should be detached far use should be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County State City or Town While Not while at work , ta saw the deceased alive an 3 and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. / LOCATION (City or Town) 230 BURIAL, CREMATION, DATE (County) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 30M REV. DATEMAR

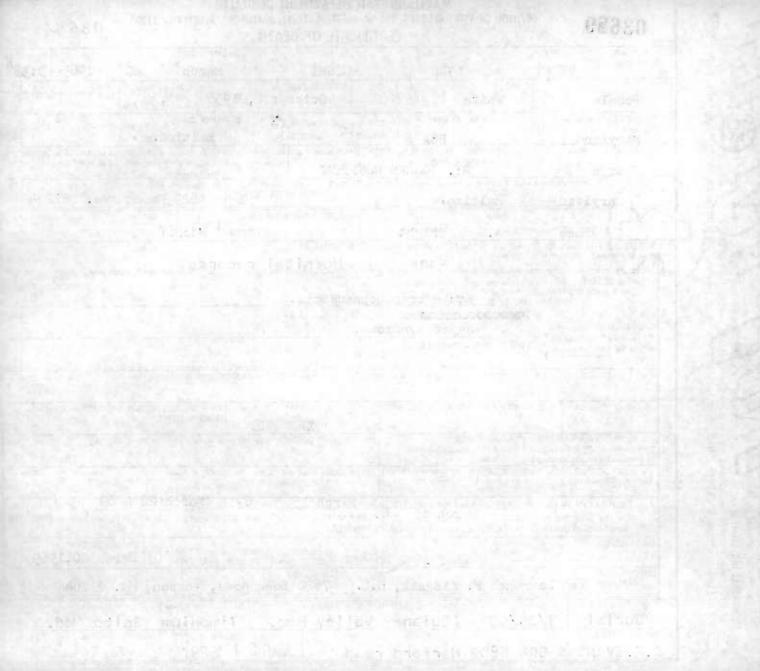


6 1			DIVICION OF VIT			KIMENI OF HEA			
		03687	DIVISION OF VIII		ERTIFICATE		DRE, MARYLAND 21201	0368	32
	(1	CEASED-NAME First YPP or print) ERNE		Middle WEYDAN	Los WR1G	НТ	3	y Yeor 3 1969	
	3. SE	Male	4. RACE	asian		OF BIRTH - 12 - 19	6. AGE (In years last birthday)	MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
	7a. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO		8. MARRIED X NEVE		COUNTY OF DEATH		
	COU	Scotland	U.S.A.		WIDOWED [	DIVORCED	Baltimore		M
6		Towson, Md.	give street Greate	address) r Balto.	TITUTION (If not in hos) Med.Cente	r Vice	CCUPATION (Kind of wark dane of warking life, even if retired.)  Pres. Reil room	INDUSTRY	BUSINESS OR
3	13a. adm	USUAL RESIDENCE (Where decease ission) STATE	13b. COUNTY	timore	13c. CITY OR TOWN  Towson	YES ND		Azzo 1	310
	14. [	FATHER'S NAME First	Middle	Last		R'S MAIDEN NAME First	Middle	AVE., I	Lost
		Ernest	В.	Wright		Mary Diack			
		was deceased ever in u.s. ARM es, no, or unknown) (If yes give wo	or or dates of service)	SOCIAL SECURITY N	IO. 17. INFDRMA	NT	Address	in May 1	
		NO 18. CAUSE OF DEATH (Enter only		78-01-49		rginia B. I	Wright Sam	e as 13e	MATE INTERVAL
	NC	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. DTHER SIGNIFICANT CONI	DUE TO, OR AS A ( (c)  DITIDNS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TEI	, RMINAL DISEASE ORCOND			
	CERTIFICATION		ONDITION FOR WHICH O	PERATION WAS PER	Y	AUTOPSY?		es	RTIFYING
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cres	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, natify medical examine	HOUR A.M. Mo	inth Doy Year 19			ture of injury in Port 1 or Part 2	, Item 18.)	
	W	at wark of wark	PLACE OF INJURY ( AT HC				City ar Town	Caunty	State
		22a. I certify that (I) (this haspital) attended the deceased fram 2/20, 19.69, ta 3/3, 19.69, that (I) (we) las saw the deceased alive an 3/3 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.							
		22d. PHYSICIAN'S	Shother	Just	DEGREE PH	TENDING MED. YS. DIRECT	TOR STAFF PHYS.	3/4/69	
		NAME (Type) Rudig	er Breiten		1. 0.	Greater Ba	altimore Medic		
1			ATE /6/69	Gre	CEMETERY OR CREMAT		Baltimore	(County)	(State) Md.
1,	24.	FUNERAL DIRECTOR  Wm. Cook-Brook	re Torreen	ADDRESS	rk Road	DATE DATE	5 1969 25b. REGISTRAR	'S SIGNATURE	LeD.
-		WIII. COOK-BLOOK	s lowson,	TOOU 10	DEON NI	DAIL	0 1000 /	And Manda	All Bridge



		Item/22a& Item#2a,FilmGl CEASED-NAME Firs	DIVISION OF VITAL RE	CERTIFIC	ATE OF DEA	TH	OF DEATH	03	3683 1969   2b. HOUR
A	(1	ype or print) HOW	ARD H.	WRI			March	<b>3</b> 04	1/968/
	3. SE	X Male	4. RACE Caugasian		S. DATE OF BIRTH	1910	6. AGE (In yeo		DER I YEAR IF UNGER 24 HR
hin 72 hou		SIRTHPLACE (Stote or foreign try)  aryland	7b. CITIZEN OF WHAT COUNTRY U.S.A.	8. MARRIED [ WIDOWED [	NEVER MARRIED DIVORCED		OF DEATH  1timore		
9	10. C	Towson	11. NAME OF HOSP give street address DOA St.	TAL OR INSTITUTION (If no a second se	t in hospitol 120 Hospital	. USUAL OCCUPATI	ON (Kind of work ng life, even if ret	done 121 ired.) IN	b. KIND OF BUSINESS OR DUSTRY Paint
		USUAL RESIDENCE (Where decedes ssion) STATE Md.	osed lived, if institution: Residen 13b. COUNTY Baltimo:		VEC [		STREET AND NUMB		ad
	14. F	ATHER'S NAME First	Middle	The State of the S	MOTHER'S MAIDEN NA	AME First	Mid		Lost
	140	Robert WAS DECEASED EVER IN U.S. AR		right SECURITY NO. 17. IN	FORMANT	Anna	Add		Kearney
1	у		war or dates of service)	16-6705 Mr		ia Wrice			# 13 E
1			only one couse per line for (a), (b)	1 - 1 / 11			To Deame	CA CO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	Cardini	serveni	V			7
		402X	DUE TO, OR AS A CONSEQ	UENCE OF 17	. 100. 1			2000	eren de la
		Conditions, if any, which gove rise to immediate cause (a).		My	serien	06 L			
1		stoting the underlying couse		UENCE OF					
		lost.	(c)	THE DUT NOT DELETED TO	THE TERMINAL DISCAS	C OD CONDITION C	MEN IN DARK 1/ 1		
4		PART 2. UTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ITH BUT NOT KELATED TO	THE TERMINAL DISEAS	E UK CONDITION G	IVEN IN PAKT I(0)		
	CERTIFICATION	190. DATE OF OPERATION 196	b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY?		. IF YES, WERE FIND ISES OF DEATH?	INGS CONSIDI	ERED IN CERTIFYING
	MEDICAL CERT	21o. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF OE. (If either, notify medical exam	ATH HOUR A.M. Month D	oy Yeor	W INJURY OCCURRED		njury in Port 1 or F	ort 2, Item 1	8.)
	WED	21d. INJURY OCCURRED While Not while of work	e. PLACE OF INJURY (AT HOME, FAR.	M, STREET, FACTORY.) 21f. LOG	CATION Street or R.F.	.D. No.	lity or Town	Cou	unty Stote
S should be detoched for use with the State Dept. of Heolth		22a. I certify that (I) (this hospital) attended the deceased from, 1907_, ta, 1964_8 that (I) (we) last saw the deceased alive an, 1819_8, and that in (my) (out) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.							
1	H	22b. SIGNATURE	eith & Ta	ul degre	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE 5	60.601
		22d. PHYSICIAN'S NAME (Type) <b>Keit</b> :	h A. Manley		22e. ADDRESS	045 Yor	k Road		
	23o.	BURIAL, CREMATION, 23b.		NAME OF CEMETERY OR			TION (City or Town	) (Co	unty) (Stote)
		KEMUVAL (SDECITY)	1-		Of the second second		DEO ATTT		
		Burial 3	-12-69 Dr	uid Ridge ADDRESS		EC'D BY REGISTRAI	2Sb. BEGIN	JRAR'S SIGNA	aryland

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	95 076	Nov. 11, 2	Malenous		office
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de Vom	ansa anyimi s	265 Res. Pirgini	6-31-015		0.7
		Mary Disser			
				in the	



MARYLAND STATEMENT OF HEALTH

- 1		DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		03698		ERTIFICATE OF DEATH	03	3687				
		ECEASED-NAME First Type ar print  ANN 1	Middle SARAH	Z LOTOWITZ	2a. DATE OF DEATH  MARCH Month 14 Day	1969 7 PM				
	3. S		4. RACE WHITE	S. DATE OF BIRTH	6. AGE (in years last birthday) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN				
	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH					
	Dí	DLAND	U.S.A.	WIDOWED X DIVORCED	BLATIMORE	Md.				
		CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL OR INS		OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY HOME				
				13c. CITY OR TOWN 13d. INSIDE CITY LIM		R., APT. 1 A				
	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME Fire	st Middle	Lost				
		SECTION S	LUMER		UNKNOWN					
		. WAS DECEASED EVER IN U.S. ARN (es, na, or unknown) (If yes give w	MED FORCES? ar or dates of service)  16b. SOCIAL SECURITY N 217-34-91		Address TZ. 3625 FOREST G	GARDEN AVENUE				
		PART I. DEATH WAS CAUSED	ly one cause per line far (a), (b), and (c)		leua v pecliñ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON 190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE OR CO REFORMED 2Da. AUTOPSY?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	NDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING				
ı	SI	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, natify medical examin	H HOUR A.M. Month Day Year		nature af injury in Port 1 or Port 2, It	em 1B.)				
	MEDI	21d. INJURY OCCURRED 21e. While Nat while at wark of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street ar R.F.D. No.	City ar Town	County State				
		220. I certify that (I) (this hospital) attended the deceased from \$\\ \tau \), 19 \( \bar{4} \), to \$\\ \tau \), 19 \( \bar{6} \), that (I) (we) last saw the deceased alive an \( \bar{4} \) 19 \( \bar{6} \bar{7} \), and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death.								
		22b. SIGNATURE	Ruduay ms.	DEGREE PHYS.	D. STAFF 22c. D	ATE SIGNED 3-15-69				
		22d. PHYSICIAN'S NAME (Type) CE	CIL RUDNER	22e. ADDRESS 6821 REIST	TERSTOWN ROAD					
			3-16-69 PROGRES	CEMETERY OR CREMATORY BIVE RUDOER RUSS VE	23d. LOCATION (City or Town) EREIN, ROSEDALE,					
2	24. S	OL LEVINSON & E	BROS., 6010 RETSTE	RSTOWN ROAD 250. REC'D BY	Commence of the Commence of th	SIGNATURE				

